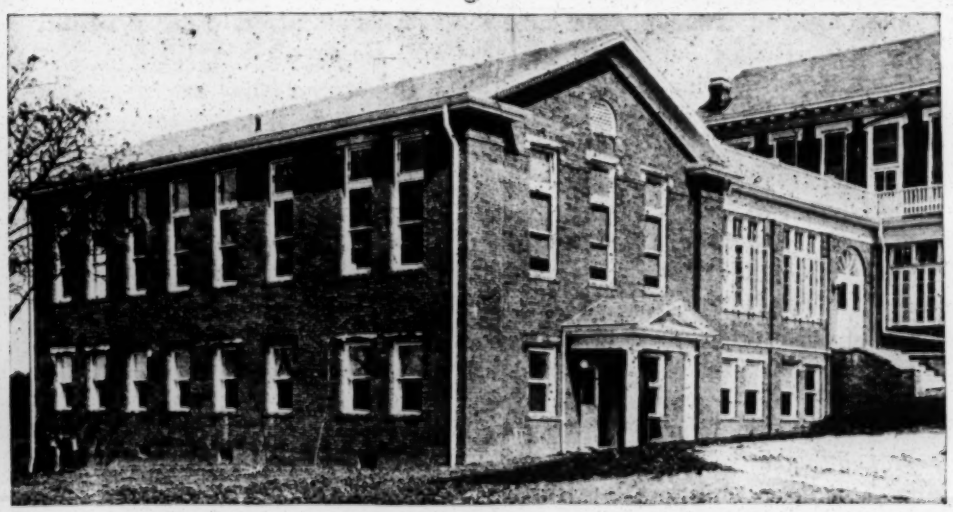
Hospitals-1931

Alabama

Dr. Baumgardner Elected President Clinical Society

The John A. Andrew Clinical Society closed the most outstanding meeting of its fourteen years of existence at the Institute, Saturday, April 18, with the election of Dr. Luther O. Baumgardner, of Cleveland, Ohio, as president. Approximately two hundred and twenty-five physicians and surgeons attended the annual Clinic of which the Clinical Society is an outgrowth.

During the annual Clinic, 598 patients were treated while 50 major and 41 minor operations were performed by prominent white and Negro physicians and surgeons from all sections of the country. The majority of the cases treated were of needy persons who would not have been other wise able to obtain such skillful attention.



New Annex to John A. Andrew Memorial Hospital

The annual Clinic has, during its twenty years of existence, offered an unusual opportunity for the attending physicians and surgeons to exchange ideas for the advancement of the science of medicine. The meetings this year were held in connection with the Fiftieth Anniversary of the school.

In addition to Dr. Baumgardner as president, other officers elected are: A. B. McKenzie, M. D., Tuscaloosa, Alabama, vice-president: J. F. Laine M. D., Louisville, Kentucky, general supervisor of clinics; Eugene H Dibble, Jr., M. D., Tuskegee Institute, Alabama, secretary-treasurer; L. H B. Foote, M. D., Tallahassee, Florida supervisor of surgical clinics; J. M. Franklin, M. D., Prairie View, Texas secretary of surgical clinics; Samuel W. Chavis, M. D., Chicago, Illinois supervisor of medical clinics; G. A. Howell, M. D., Atlanta, Georgia, secretary of medical clinics; M. M. Dillard, M. D., Chicago, Illinois, supervisor of anaesthetics; H. A. Callis, M. D., Washington, D. C., supervisor of rentgenology; C. V. Roman, M. D., Nashville, Tennessee historian; Henry C. Tinsley, M. D. St. Louis, Missouri, supervisor of eye, ear, nose and throat clinics; J. J Peters, M. D., supervisor of pathology.

Some of the outstanding Negro physicians and surgeons present were: Dr. H. A. Callis, associate professor of medicine, Howard University Medical School, Washington; Dr. Lionel A Mahone, chief of the Urological Service, United States Veterans Hospital, Tuskegee, Alabama; Dr. Ernest R. Alexander, chief of the Dermatological Service, Harlem Hospital, New York City; Dr. Laurie Lee Allen, staff of the Milwaukee County Tuberculosis Sanitarium, Milwaukee, Wisconsin; Dr. Wm. F. Penn, chief of the Surgical Service, United States Veterans Hospital, Tuskegee, Alabama; Dr. Luther O. Baumgardner, Cleveland, Ohio; Dr. J. H. Hale, professor of Applied Anatomy and Clinical Surgery and supervisor of Dispensaries of Meharry Medical College, Nashville, Tennessee; Dr. Numa P. G. Adams, dean, Howard University Medical College, Washington, D. C.

The Chicago group was composed of: Dr. Julian Lewis, associate professor of Pathology, University of Chicago; Dr. Samuel W. Chavis, Dr. Claudius Forney, Dr. Joseph Berry Dr. M. M. Dillard, Dr. Edward Beasley, Dr. Pedros Santos, Dr. Theodore K. Lawless, Dr. Joseph R. Tanner, Dr. C. Leon Wilson, staff of Provident Hospital; Dr. H. Lewellyn Harris.

Others were: Dr. J. W. Tildon, East Orange, New Jersey; Dr. Leo G. Bruce, Durham, North Carolina; Dr. C. Waymond Reeves, Atlanta, Georgia; Dr. M. Holmes, Atlanta, Georgia; Drs. H. R. Butler, Jr. and Sr., Atlanta, Georgia; Dr. M. A. Evans, Columbia, South Carolina; Dr. J. M. Franklin, Prairie View, Texas; Dr. C. R. Yerwood, Austin, Texas; Dr. W. R. Franklin, Hakin, West Virginia; Dr. J. F. Laine, Louisville, Kentucky; Dr. A. N. Vaughn, St. Louis, Missouri; Dr. Henry C. Tinsley, St. Louis, Missouri; Dr. Marshall E. Ross, Gynecological Service, Harlem Hospital, New York City.

Among the white physicians in attendance were: Dr. Walter Gray Grump, Fellow of the American College of Surgeons, chief of the Surgical Service, Broad Street Hospital, New York City; Dr. W. W. Scott, professor of Urology, University of Rochester, chief of the Urological Service, Strong Memorial Hospital, Rochester, New York; Dr. John S. Lawrence, associate professor of Medicine, the University of Rochester, Rochester, New York; Dr. R. Plato Schwartz, chief of the Orthopedic Service, Strong Memorial Hospital, professor of Orthopedics, University of Rochester, Rochester, New York; Dr. S. O. Freedlander, chief of the Surgical Service, Cleveland City Hospital, Cleveland, Ohio; Dr. Marion C. Pruitt, Fellow of the Royal College of Surgeons, professor of Rectal Diseases, Emery University, Atlanta, Georgia; Dr. W. C. Sullivan, Rochester, New York; Dr. W. E. Person, Atlanta, Georgia; Dr. Clyde D. Frost, Rosenwald Fund, Chicago, Illinois; Dr. E. B. Miller, Tuberculosis Service, Edward Hines Hospital, Hines, Illinois.

BIRMINGHAM ALA. AGE-HERALD
OCT. 13, 1931 O21

25 HOSPITALS IN STATE APPROVED

Six In Birmingham Put On List With Okeh Of Surgeons College

Twenty-five hospitals in the state, including six in Birmingham, are on the fully approved list of the American College of Surgeons, it was shown in a report Monday by Dr. Franklin H. Martin, director general of the college, at the twenty-first annual clinical congress of surgeons in New York.

Announcement of the approved list was a prelude to the hospital standardization conference which opened Monday in conjunction with the congress.

Dr. Martin said in his report that of 3,319 hospitals surveyed in the United States and Canada, 2,158 have won places on the approved list issued annually in October by the college.

At the standardization conference under the supervision of Dr. Malcolm T. McEachern, director of hospital activities for the college, workers in the field discussed means of further improving hospital care.

It was pointed out that since the first survey was made the mortality rate in approved hospitals has been reduced 50 per cent and the average stay of patients in hospitals has been reduced to 12.5 days in contrast to the figure of 25 or 30 days two decades ago.

Alabama hospitals inspected included:

Anniston—Garner Hospital.

Bessemer—Bessemer General Hospital.

Birmingham—Birmingham Baptist Hospital, Children's Hospital, Hillman Hospital, Norwood Hospital, St. Vincent's Hospital and South Highlands Infirmary.

Decatur—Benevolent Society Hospital.

Dothan — Frasier-Ellis Hospital, Moody Hospital.

Fairfield—Employes' Hospital, Tennessee Coal, Iron & Railroad Company.

Gadsden—Holy Name of Jesus Hospital.

Jasper—Walker County Hospital.

Mobile—City Hospital, Mobile Infirmary, Providence Infimary and United States Marine Hospital.

Montgomery—Montgomery Memorial Hospital, St. Margaret's Hospital.

Selma—Alabama Baptist Hospital, Goldsby King Memorial Hospital, Vaughan Memorial Hospital.

Sylacauga — Drummond Fraser Hospital, Sylacauga Infirmary.

Tuskegee—Veterans' Administration Hospital.

Tuskegee Institute—John A. Andrew Memorial Hospital.

Hospitals-1931

Alabama

MILLION DOLLAR ADDITION ASKED FOR HOSPITAL

Afro American

WASHINGTON, D. C. — A bill to authorize the erection of a $1,000,000 addition to the veterans' hospital at Tuskegee, Alabama, was introduced in the House on January 13 by Representative La Fayette L. Patterson, Democrat, of Alabama. It was referred to the committee on World War veterans' legislation. 1-24-31

The bill would authorize the administrator of veterans' affairs to contract for the erection of a modern, sanitary, fireproof addition of 250 bed-patient capacity.

This addition would be for the diagnosis, care and treatment of general medical, surgical, neuro-psychiatric and tubercular disabilities. It would provide additional hospital, diagnostic and out-patient dispensary facilities for persons entitled to hospitalization under the world war veterans' act of 1924.

An appropriation of $1,000,000 would also be authorized by the bill. Not more than 3 ped cent of this sum could be used for the employment in in the District of Columbia and the field of necessary technical and clerical assistants to aid in the preparation of the plans and specifications of the building.

Birmingham, Ala. News
Friday, January 16, 1931

INSANE HOSPITALS ASK FOR $1,100,000

Dr. Partlow In Annual Report Points To Urgent Need Of State Institutions

Recommending a building appropriation of $1,100,000 if the state is adequately to care for its insane and mentally defective, Dr. W. D. Partlow, in his annual report as superintendent of the Alabama Insane Hospitals pointed that increase in inmates had been regular the last 10 years and the institutions are badly overcrowded.

The number of patients is 3,882, an increase of 127 over the year before and an increase of 1,197 in 10 years. Of the present hospital population, 2,641 are in Bryce Hospital and 1,241 in Searcy Hospital.

"Owing to the overcrowded condition of the hospital," the report says, "we were unable to receive white men during the last two months of the year and discouraged applications for others, being able to accept only the more urgent applications for white women and for negro men and women."

$100,000 Needed

Among recommendations to the Legislature is an appropriation of $100,000 to provide for segregation and separate treatment of white criminals and drug and alcohol addicts. Other recommendations call for extensions to present buildings and new buildings providing for 725 new beds for white patients, a nurses home for women, an auditorium for chapel and recreation, and buildings and equipment to accommodate 400 new patients at the negro state farm colony.

All recommendations contained in the report to the governor, have the approval of the board of trustees of the hospitals.

Based on recent increases, the superintendent predicts that the Bryce Hospital population will increase at the rate of 161 1-4, or 645, during the next four years. There is an overpopulation of 582, the superintendent declares, making a total of 1,227 the Legislature must provide for before another regular session can be held. Searcy Hospital is equally overcrowded.

Sprinkler System

The only major improvement possible at the hospital during the year because of financial support was construction of a fireproof sprinkler system which was installed in all buildings not fireproof at a cost of $113,264.

A distribution table of number of patients in the hospital or out on trial, showed every county in the state was represented with patients among the 4,343. Jefferson County led with 743 patients. Others ranking high were Mobile, 261; Montgomery, 198; Madison, 109; Dallas, 103. Counties ranking low were Cleburne 16 and Henry 19.

Of the 3,882 patients, 2,417 were white and 1,465 negro. Women numbered 2,047 and men 1,835.

Ozark, Ala., Star
Wednesday, January 21, 1931

OVER MILLION IS ASKED FOR HOSPITAL AID

Dr. Partlow Points to Urgent Need of The Institutions

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BILL WOULD CARRY $550,000 FOR HOSPITAL ADDITION AT TUSKEGEE INSTITUTE, ALA.

Washington, D. C.—(CNS)—A bill to authorize $20,877,000 for new veteran hospital construction throughout the country was introduced in the senate Wednesday by Senator Smoot of Utah, and included $550,000 for a Neuro Psychiatric unit at the Tuskegee Veterans Hospital with 220 beds.

NEGROES PLAN TO FOUND HOSPITAL IN DOTHAN SOON

Leaders Report Fine Progress Being Made; Lease House, Pick Personnel

Plans are reported to be underway here to establish a hospital for Negroes, in fact the plans have developed so far that a house has been leased and the personnel picked, according to D. V. Jemison, Jr., M. D., one of the leaders in the new development.

The hospital will be known as the Christian Memorial, being named for the woman who first made an attempt to establish a hospital for Negroes in the Wiregrass. It will be located in the North Highland section, just across the street from the North Highland school building.

The officers of the board of trustees for the institution were announced as, Rev. W. M. Pyles, chairman; D. V. Jemison, Jr. secretary; Monroe Page, vice-chairman; Tom King, treasurer; E. Price has been chosen chairman of the Board of Directors, with M. L. Newsome, M. D., and Floyd Jefferson as heads of the proposed hospital. Floyd Jefferson graduated in nursing from a Dothan hospital about six months ago.

It was stated that the hospital organization would soon start a drive for funds for maintaining the hospital.

94 OPERATIONS PERFORMED BY DOCTORS

John Andrew Clinical Society in Election at Tuskegee

Defender 4-25-31

Chicago, Ill.

TUSKEGEE INSTITUTE, Ala., April 24.—The John A. Andrew Clinical society closed the most oustanding meeting of its 14 years of existence here Saturday, April 18, with the election of Dr. Luther O. Baumgardner of Cleveland, Ohio, as president.

Approximately 225 physicians and surgeons attended the annual clinic of which the Clinical society is an outgrowth.

During the annual clinic 11,198 patients were treated, while 53 major and 41 minor operations were performed by prominent white and Negro physicians and surgeons from all sections of the country. The majority of the cases treated were of needy persons who would not have been otherwise able to obtain such skillful attention.

The annual clinic has, during its 20 years of existence, offered an unusual opportunity for the attending physicians and surgeons to exchange ideas for the advancement of the science of medicine.

In additions to Dr. Baumgardner as president, other officers elected are A. B. McKenzie, M. D., Tuscaloosa, Ala., vice president; J. F. Laine, M. D., Louisville, general supervisor of clinics; Eugene H. Dibble Jr., M. D., Tuskegee Institute, secretary-treasurer; L. H. B. Foote, M. D., Tallahassee, supervisor of surgical clinics; J. M. Franklin, M. D., Prairie View, Texas, secretary of surgical clinics; Samuel W. Chavis, M. D., Illinois, supervisor of medical clinics; G. A. Howell, M. D. Atlanta, secretary of medical clinics; M. M. Dillard, M. D., Chicago; supervisor of anaesthetics; H. A. Callis, M. D. Washington, supervisor of rentgenology; C. V. Roman, M. D., Nashville, historian; Henry C. Tinsley, M. D., St. Louis, supervisor of eye, ear, nose and throat clinics, and J. J. Peters, M. D., supervisor of pathology.

Some of the outstanding physicians and surgeons present were Dr. H. A. Callis, associate professor of medicine, the University of Rochester Medical School, Rochester, N. Y.; Dr. Lionel A. Mahone, chief of the urological service, U. S. Veterans hospital, Tuskegee, Ala.; Dr. Ernest R. Alexander, chief of the dermatological service, Harlem hospital, New York city; Dr. Laurie Lee Allen, staff of the Milwaukee County sanitarium (tuberculosis), Milwaukee; Dr. William F. Penn, chief of the srugical service, U. S. Veterans hospital, Tuskegee; Dr. Luther O. Baumgardner, Cleveland; Dr. J. H. Hale, professor of applied anatomy and clinical surgery and supervisor of dispensaries of Meharry Medical college, Nashville; Dr. Numa P. G. Adams, dean Howard University Medical college, Washington, D. C.

The Chicago group was composed of Dr. Julian Lewis, associate professor of pathology, University of Dr. Claudius Forney, Dr. Joseph Berry, Dr. M. M. Dillard, Dr. Edward Beasley, Dr. Pedros Santos, Dr. Theodore K. Lawless, Dr. Joseph R. Tanner, Dr. C. Leon Wilson, staff of Provident hospital, and Dr. H. Lewellyn Harris.

Others were Dr. J. W. Tildon, East Orange, N. J.; Dr. L[illegible] G. Bruce, Durham, N. C.; Dr. C. Waymond Reevs, Atlanta, Ga.; Dr. H. M. Holmes, Atlanta; Dr. H. R. Butler Sr. and Jr., Atlanta; Dr. M. A. Evans, Coluumbia, S. C.; Dr. J. M. Franklin, Prairie View, Tex.; Dr. C. R. Yerwood, Austin, Tex.; Dr. W. R. Franklin, Lakin, W. Va.; Dr. J. F. Laine, Louisville; Dr. A. N. Vaugh, St. Louis; Dr. Henry C. Tinsley, St. Louis, Dr. Marshall E. Ross, Harlem hospital, New York city.

Among the white physicians in attendance were Dr. Walter Gray Grump, fellow of the American College of Surgeons, staff of the surgical service, Broad St. hospital, New York city; Dr. W. W. Scott, University of Rochester, Rochester, N. Y.; Dr. John S. Lawrence, University of Rochester, Rochester, N. Y.; Dr. R. Planto Schwartz, Strong Memorial hospital, professor of orthopedics, University of Rochester, Rochester, N. Y.; Dr. S. O. Freedlander, chief of the surgical service, Celevland city hospital, Cleveland, Ohio; Dr. Marion C. Pruitt, fellow of the Royal College of Surgeons, Emery university, Atlanta; Dr. W. C. Sullivan, Rochester, N. Y.; Dr. W. E. Person, Atlanta; Dr. Clyde D. Frost, Rosenwald fund, Chicago, and Dr. E. B. Miller, Edward Hines hospital, Hines, Ill.

OVER 200 PHYSICIANS ATTEND TUSKEGEE CLINIC

Argus

Twentieth Annual Meeting Attracted Medical Men of Note From Many Sections.

5-1-31

BAUMGARTNER ELECTED

Prominent Scientists Show Interest in the Important Meeting at Government Hospital.

St. Louis, Mo.

TUSKEGEE, Ala.—(CNS) — The twentieth annual clinic of the Joseph Andrews Clinical Society was held here last week at the Andrew Memorial Hospital of Tuskegee Institute. Two hundred and twenty-four physicians and surgeons attended the sessions.

Officers Elected

Officers were elected: Dr. Luther Baumgardner, Cleveland, Ohio, President; Dr. A. A. McKenzie, Tuscaloosa, Ala., Vice President; Dr. J. F. Laine, Louisville, Ky., general supervisor of clinics; Dr. E. H. Dibble, Tuskegee Institute, secretary-treasurer; Dr. H. B. Foote, Tallahassee, Fla., supervisor of surgical clinics; Dr. S. W. Chavis, Chicago, supervisor of medical clinics; Dr. G. A. Howell, Atlanta, secretary of medical clinics; Dr. N. A. Dillard, Chicago; Dr. H. A. Callis, Washington, D. C., supervisor of roentgentology; Dr. C. V. Roman, Nashville, historian; Dr. Henry Tinsley, St. Louis, supervisor of eye, nose and ear clinics; Dr. J. J. Peters, U. S. Veterans' Hospital, Tuskegee, supervisor of Pathology.

Notables Attended

Some of the outstanding Negro physicians and surgeons present were: Dr. H. A. Callis, Associate Professor of Medicine, The University of Rochester Medical School, Rochester New York; Dr. Lionel A. Malone Chief of the Urological Service, U. S. Veterans Hospital, Tuskegee, Alabama; Dr. Ernest R. Alexander Chief of the Dermatological Service Harlem Hospital, New York City; Dr Laurie Lee Allen, Staff of the Milwaukee County Sanitarium (Tuberculosis) Milwaukee, Wisconsin; Dr. Wm. F. Penn, Chief of the Surgical Service United States Veterans Hospital, Tuskegee, Alabama; Dr. Luther O. Baumgardner, Cleveland, Ohio; Dr. J. H. Hale, Professor of Applied Anatomy and Clinical Surgery and Supervisor of Dispensaries of Meharry Medical College, Nashville, Tennessee; Dr. Numa P. G. Adams, Dean Howard University Medical College, Washington, D. C.

Others Present

The Chicago group was composed of Dr. Julian Lewis, Associate Professor of Pathology, University of Chicago, Chicago, Illinois; Dr. Samuel W. Chavis, Chicago, Illinois; Dr. Claudius Forney, Chicago, Illinois; Dr. Joseph Berry, Chicago, Ill.; Dr. M. M. Dillard, Chicago, Ill.; Dr. Edward Beasley, Chicago, Ill.; Dr. Pedros Santos, Chicago, Ill.; Dr. Theodore K. Lawless, Chicago, Ill.; Dr. Joseph R. Tanner, Chicago, Ill.; Dr. C. Leon Wilson, Staff of Provident Hospital, Chicago, Ill.; and Dr. H. Lewellyn Harris, Chicago, Ill.

Others were: Dr. J. W. Tildon, East Orange, N. J.; Dr. Leo G. Bruce, Durham, N. C.; Dr. C. Waymond Reeves, Atlanta, Ga.; Dr. M. A. Evans, Columbia, S. C.; Dr. J. M. Franklin, Prairie View, Texas; Dr. C. R. Yerwood, Austin, Texas; Dr. W. R. Franklin, Lakin, W. Va.; Dr. J. F. Laine, Louisville, Ky.; Dr. A. N. Vaughn, St. Louis, Mo.; Dr. Henry C. Tinsley, St. Louis, Mo.; Dr. Marshall E. Ross, Gynecological Service-Harlem Hospital, New York City.

Hospitals-1931

Arkansas

Scene at the W. O. U. Annual Medical Clinic, Hot Springs, Ark.

Argus 5-15-31 St. Louis, Mo.

W.O.W. Clinic and Ark State Medical Society May 6, 7, 8, 1931 Harrison H. Grinder

By F. BROWN

The Woodmen of the Union held their annual surgery clinic at the W. O. U. hospital at Hot Springs National Park, Ark., May 6th, 7th and 8th.

The clinic this year under the supervision of Dr. John Eve, chief surgeon of the hospital, was one of the most successful and well attended of any held during the past four years.

This clinic sponsored by the Hon. John L. Webb, Supreme Custodian in the W. O. U. should be attended by every colored Surgeon in the United States. Dr. Eve, one of the pioneers in the use of the Spinal antasthesia method of operating, has over 8,000 successful operations to his credit in the past 8 years that he has been using it. Surgical clinics were held by the following Suregons:

W. W. Jackson. Hot Springs Hospital and instructor in Surgery at the University of Ark. Dr. John E. Eve, W. O. U. Hospital, Dr. Earle Williams, Lovejoy, Ill., Dr. G. W. S. Ish, Little Rock, Ark., Dr. A. M. Munches, Forth Worth, Tex., Dr. L. A. Pinkston, Dallas, Tex., Dr. L. A. West Memphis Tenn. Dr. M. M. DeArman, Chelsa, Okla., Dr. A. W. Craig, Miama, Okla., and others.

To my mind two of the most interesting operations of the entire clinic were performed by Drs. Eve and Williams on Friday the last day of the clinic.

Instead of the usual bunch of tiresome welcome addresses on the opening night, Drs. Eve and Kendall arranged for Drs. O. C. Wenger and Ralph B. Steward of the United States Public Health Service to speak. Dr. Wenger told of the work of the syphillis among the colored people of the South. Contrary to statements issued by white insurance companies the percentage of syphillis among colored is not 50% but about 22%. This was found after making a cross section survey of the South. The highest percentage was found in Alabama and the lowest in Virginia.

Medical clinics were held by the Arkansas State Medical Society in conjunction with the W. O. U. clinic. Clinics were held by Drs. Blackshare, Craig, Howard, Sullivan, Collier and Kendall.

Friday afternoon the visiting M. D's. were entertained at a barbecue at Mr. Webbs place on Lake Catherine. This place, at the entrance to the beautiful Lake Catherine, has 145 acres, an 85 mile waterfront, tennis courts, motor boats and a golf course will be built in the future.

I wonder if you know Mr. Webb He is one of the Souths most interesting men, born at Tuskegee, Ala. in 1877, Mr. Webb has accumulated a vast fortune by his unquestioned honesty and his square dealings with his fellowmen. In 1913 he took over the W. O. U. which at that time had 82 members, 106 unpaid death claims and a deficit of $1925.

It now has 57,000 members and property worth over $600,000, and is absolutely free of debt. Mr. Webb is a heavy stockholder in 6 colored insurance companies. The principal stockholder in the Union Investment Co. that loaned a quarter of a million dollars on colored property last year and has not failed to pay its semi-annual dividend since it was organized. The Century Life Ins. Co. was about to be moved north and Mr. Webb took it over at a cost of $168,000.00. This company the year before he bought it lost $72,000 and last year showed a profit of $42,000.-00. Mr. Webb also caused the State of Ark. to build a reformatory for colored boys and stop sending them to the state penitentiary with hardened criminals.

He also caused the Tuberculosis hospital for colored to be built at Alexandria, Ark. He is a member of the state republican executive committee, the tuberculosis board, chairman of the state advisory board of education for colored. President of the Baptist Laymens Union and only last year addressed the sociology class at the University of Southern California.

Along with Mr. Webb, Dr. E. A. Kendall, Supreme President of W. O. U. President of the Union Investmen Co. and Supt. of the W. O. U. hospital deserves great credit for the work being done at Hot Springs.

This hospital under the supervisio of Dr. Kendall is primarily for members of this organization, at the present time cancer and tuberculosis experiments are being conducted with Kochs serum. Three clinical cures of tuberculosis have been reported and the results with cancer are amazing to say the least.

For the ensuing year the following officers were named:
G. U. Jamerson, Texarkana, Tex.; Pres.-Elect; G. W. Brown, Kansas City, Mo., Pres.; John E. Eve, Cor Sec. Hot Springs, Ark.; and Earle Williams, Lovejoy, Ill. who by the way is the only colored President of a Board of Education in the Country Supervisor of Clinics.

The following surgeons attended the clinic:

W. M. Drake, Houston, Tex.; B. E. Howell, Dallas, Tex.; W. M. Green, Dallas Tex.; L. G. Pinkston, Dallas Tex.; W. K. Flowers, Dallas, Tex.; R. C. Riddle Dennison, Tex.; R. E. Holland, Palestine, Tex; Dogan Pemberton, Houston, Tex.; H. C. Scroggins, Franklin Louisiana; H. L. Hurston, Memphis, Tenn.; S. C.; Packer, Jefferson, Tex.; N. R. Parker, Dermott, Ark.; G. A. Ellis Stamps, Ark.; H. A. Browne, Alexandria, Ark.; J. B. Bates, McGhee, Ark.; M. Patterson, Eudora, Ark, G. U. Jamerson, Texarkana, Tex.; W. T. Thompson, Texarkana, Ark.; L. A. West, Memphis, Tenn.; A. J. Martin, Memphis, Tenn.; E. L. Dunning, El Dorado, Ark.; G. M. Munchus, Ft. Worth, Tex.; McKinley Voorhis, Hot Springs, Ark.; G. S. Ish, Little Rock, Ark.; J. B. Bryant, Thomas A. Key, Chattanooga, Tenn.; T. E. Taylor, Chattanooga, Tenn.;

A. D. Brooks, Jackson, Tenn.; H. H. Phipps, Hot Springs, Ark.; Dr. Van Thomas, Little Rock, Ark.; C. E. Patillo, Pine Bluff, Ark.; Earle Williams Lovejoy, Ill.

Next year the board of Governors of the W. O. U. Clinic want to have the pleasure of entertaining surgeons from all parts of the country

FORT SMITH, ARK.
TIMES RECORD

MAY 27 1931

Negroes Need a Hospital

Hospital facilities for negro citizens of Fort Smith will not be available after June 1, unless something is done about the matter in the meantime.

Sparks Memorial hospital has maintained a negro department for years. The managers of that institution have decided they must discontinue it. The negro department has been costing the hospital about $3,000 a year more than its yield in fees it is announced and the hospital cannot keep up that pace any longer without some means to meet the deficit. Hospitals are not usually profitable institutions at best, because of the large amount of charity work which every one of them has to perform. It would be unfair to condemn the hospital for the decision to abandon the negro department. But the justice of the decision from the hospital's standpoint does not change the fact that the negro population of this city and territory need hospital facilities for their sick and injured.

The problem has been laid before the city commission and the district health board by Commissioner Earl Henderson, who is in charge of public health and safety. It is a serious matter, which demands some solution.

Southwest American
FORT SMITH, ARK.

JUL 30 1931

A NEGRO HOSPITAL

A special committee of the Chamber of Commerce has recommended a definite plan for providing hospital facilities for the negroes of this city. That recommendation should not be dismissed with the customary statement that there isn't any money available.

On June 1, negro hospital facilities were closed in Fort Smith. For years a special ward has been maintained at Sparks Memorial hospital for negroes. It has constantly operated at a loss. Faced with reduced revenues, the management of Sparks hospital determined that it could not longer carry the burden alone. So the negro ward was discontinued.

Since that time, a number of suggestions have been discussed. A proposal was made that a hospital association be formed among the negroes, and each of the members pay in a certain amount each month to provide a fund for hospital care for the unfortunate ones. Theoretically, that sounds all right, but practically it has serious difficulties. Depression has hit the negroes along with everybody else. Probably it has hit them hardest. Collections of monthly dues, promised in the best of faith, would be uncertain. Any plan based on the idea that the negroes alone must pay for their hospital facilities is not likely to succeed. It is an obligation of the white people of this community to see that necessary facilities are available.

A suggestion that the county hospital be made available has several weaknesses. Chief among them is that the average of negro patients is about two. It is useless to set up a separate institution or a separate staff, however small, for so small a number of patients. Obviously the sensible and economical thing to do is to provide the facilities where they have been provided—at Sparks hospital negro ward. But Sparks cannot bear the cost alone. Every one who has investigated the situation seems agreed on that.

The Chamber committee is recommending that the city and county divide the annual deficit, which will amount to about $2,000 a year. Both city and county are proverbially short of money. But no other source is apparent, and the need is great.

Southwest American
FORT SMITH, ARK.

AUG 17 1931

NEGRO HOSPITAL CARE

The Fort Smith city commission appears to look with favor upon the plan to pay $100 a month to the support of hospital facilities for negroes, in co-operation with the county. Final action on the matter at the Saturday meeting was apparently impossible because the commission was not agreed on the source of the funds.

The obligation of the city and county to provide hospital facilities for the negro population is generally recognized. Negro patients should, of course, pay their way when they can, just as white patients should. Charity wards are provided for white persons who cannot pay, and a similar facility for negroes is essential. The logical source of the fund is the city and county.

A suggestion made by Mayor Bourland that the fund be taken from the Carnegie library appropriation failed for want of a second. It should fail. It is apparently based on the fact that Carnegie library recently got a bequest from the estate of the late Dr. Hatchett, and the further fact that the city is now paying somewhat more than the minimum amount which the city has to pay under the original contract with the Carnegie library fund. It is true that the library got a bequest from the Hatchett estate. So did the hospitals. Dr. Hatchett divided his funds between the two hospitals and the library, in the proportions he thought proper. If the city should now trim down the appropriation of city funds to the library, because of the Hatchett bequest, and use that money to support the negro hospital facilities, it would amount to destruction of the purpose and intent of the bequests. The city has no right to juggle appropriations in such a way as to make the library bequest in practical operation an endowment for a negro hospital.

Every time there is a demand for funds from the city, somebody suggests taking it out of the library. This institution has performed an admirable service for the people of Fort Smith, on very small appropriations. At this moment, it is performing more service than at any previous time in its history. It has operated with the greatest economy, and made the most of its scanty funds. It should not be penalized every time there is need for more funds for some other purpose.

The city government of Fort Smith costs something more than $250,000 a year. Out of that sum, surely it will be possible to find $100 a month for negro hospital facilities without disrupting so important a city service as the library.

Hospitals-1931

Florida

Quincy, Fla., Times
Thursday, January 1, 1931

Negro Hospital Formally Opened

Institution Promoted by Dr. W. S. Stevens Supply Need of Negro People of County

The United Protective Association Hospital, for colored, was formally opened today at 10 o'clock, invitations having been sent out to white and colored citizens to visit this intsitution and become familiar with the work that it is designed to do.

This institution is being promoted by Dr. W. S. Stevens and associates, organizers of a fraternal protective association giving members the benefits of medical treatment, either at home or in the hospital, and burial in case of death. Dues of 25 cents per week are required of members, and any colored person who is in good health and under the age of 55 years may become a member and enjoy its benefits, Dr. Stevens states.

In opening this institution, Dr. Stevens states that he is trying to solve the problems of hundreds of colored persons in the county who are suffering and dying every year for the lack of proper nursing facilities and hospitalization. He has invested considerable money in the venture, and states that the success of it will depend on the degree of moral support accorded him by white people and the financial support given by colored people. He states that he has received some very gratifying encouragement from white people, who are interested in the possibilities of the institution from the humane standpoint and from the standpoint of efficiency of employes who are given the proper medical attention when needed.

At present, the hospital can take care of 14 patients, and in emergency, beds for 24 can be provided. A two story building has been remodeled and equipped, and a graduate trained nurse and two student nurses will constitute the nursing personnel at the beginning.

Approximately 240 members have enrolled in the association to date, Dr. Stevens states. Unless 2,000 members can be enrolled, the hospital will not be a paying proposition from the financial viewpoint, and its scope of usefulness will be greatly cut down, Dr. Stevens says.

Dr. Stevens states that this movement was started for the purpose of filling a need of the colored people, who send out of Gadsden county approximately $4,000 every month in premiums for health and accident policies, for which little benefit is received.

For the purpose of performing the association's function as a burial body, Dr. Stevens states that a completely equipped undertaking establishment will be opened by the association within a short time.

NEW HOSPITAL DEDICATED AT JACKSONVILLE

4-11-31
Chicago Ill.

JACKSONVILLE, Fla., April 9.—What is characterized as the best equipped hospitalization plant in the South was opened when members of the Women's Home Missionary society of the Methodist Episcopal church formally dedicated the new Brewster hospital, which is situated at Jefferson and Center Sts., where it overlooks the Hogan's Creek beautification project.

Beneath two large oak trees a group of dignitaries representing the missionary society, the church and the city of Jacksonville participated in the ceremonies. Among them were Mrs. W. M. C. Goode, Sidney, Ohio, president of the society; Mrs. Mary Leonard Woodruff, Ocean Grove, N. J., corresponding secretary; Mrs. Robert Stewart, Secaucus, N. J., secretary of the bureau of hospitals; Bishop Frederick T. Keeney, Atlanta, and Rev. M. E. Davis, Columbus, Ohio, head of the board of homes.

The welcome address was given by John T. Alsop Jr., mayor of Jacksonville. An outstanding part of the dedication was the ritualistic service in which the hospital building was formally presented to Mrs. Stewart, the secretary, by the architects and then by Mrs. Stewart to Mrs. Goode, the president.

The new Brewster hospital, representing an outlay of $250,000 in building equipment and more than $50,000 in grounds and landscape decoration, is the fifth national institution built and maintained by the Women's Home Missionary society. The building is a three-story structure providing space for patients and a nurses' home. There are 75 rooms for patients, 45 of which are private ones. The hospital is divided into twelve wards, ranging in capacity from four to eight beds.

According to the general contractor, O. P. Woodcock, the floors are of concrete, finished with rubber composition to muffle footsteps, the walls are soundproof, and the building is equipped with automatic fire alarms, an electric flashing system, a special ventilation system, diet kitchens on each floor, a commodious elevator service and many other of the most modern hospital facilities.

Mrs. Lula M. Henderson, formerly of Cincinnati, is superintendent of the hospital, while Miss Anna G. Vance, also of Cincinnati, is superintendent of nurses. Other appointments include Miss Bertha Hartell as bookkeeper and Miss Elizabeth Boardman as secretary.

At the dedicatory ceremonies members of the society praised local citizens of both races for the interest they had shown in the project, which had been under way since May 31, 1930. The business groups especially were commended for their part in the construction of the hospital. The local contractors on the day of the dedication inserted in a local paper 1,113 lines of advertising congratulating the opening of the hospital.

Plumbing and heating work was done by L. M. Gregory and plastering by John S. Graham. Roofing and sheet metal work was furnished by Charles H. Stephens and lumber by the Mahoney Lumber company.

The landscaping of the hospital grounds, which will be one of the many attractive features, was in the hands of the Jacksonville Landscape company. Metal partitions were furnished by the Builders Products company, screens by the Wolff-Trotter company and glass by the French Mirror Plate Glass company.

The Buckland Paint company furnished paints and plumbing and heating equipment was supplied by the Horne-Wilson company. Simmons beds and other Simmons equipment was furnished by the Three Friends Furniture company.

The Surgical Supply company furnished the new Brewster hospital with physicians' and other hospital supplies.

The Afro-American Life Insurance company also complimented the society for the institution.

It is located near the Bethune-Cookman college

Friday, April 17, 1931

FOR A NEGRO HOSPITAL

Purchase of the Albert hotel in Daytona Beach for a negro hospital was authorized by the Halifax hospital commission yesterday. The price was not disclosed but was said to be but a fraction of its cost by Don Morris of the Peoples Building and Loan company.

Hospitals- 1931

General

THE HOSPITAL SITUATION!

Open Letter To Mr. Edwin R Embree, President Of The Julius Rosenwald Fuud

2-19-31

Dear Sir:—In the Pittsburgh Courie under date of January 31, 1930, there is a statement released through the Associated Negro Press of your remarks at the dedicatory exercises of the Nurses Home of the Mercy Hospital in Philadelphia. In these remarks there are many issues of vital interest to the Negro members of the medical profession, and, since we disagree with you on so many points, we feel it incumbent upon us to formally answer your statements and to ask you a few pertinent questions.

Your remarks have been interpreted by us, and we think not incorrectly, as justifying the acceptance of the so-called Negro hospitals in Northern states. We are led to believe that you and the Julius Rosenwald Fund feel that such hospitals should increase in number. From the study of the 1930 Julius Rosenwald Fund Report we find that the Julius Rosenwald Fund has a national hospital program for Negroes that we disapprove of thoroughly. In the New York Times of January 14, there is an editorial dealing with the subject matter of your 1930 Fund Report, and making reference to the fact that a Negro was burned at stake. The editorial quotes from your report as follows: "All is quiet on the Negro front—the race question is being solved. Negro progress is satisfactory." All is not quiet on the Negro front as long as human beings are being barborously burned alive; Negro progress is anything but satisfactory in the educational and professional fields.

The Union

It is unsatisfactory because the Negro college graduate and professional man is denied simple justice. They have been blinded by charity. All methods and movements that are practiced by the Julius Rosenwald Fund fix for the Negro citizen a definite status less than that of an American citizen. Set-ups are arranged for him that are different from those employed by other racial groups in America. This we submit is wrong. The Negro citizen, for his own advancement and progress along professional lines, needs no separate institutions. What the Negro physician needs is equal opportunity for training and practice—no more, no less.

2-19-31

In your Philadelphia speech referred to above, you stated that: "A few men in a Northern city have recently criticized the Julius Rosenwald Fund on the ground that we are advocating segregated hospitalization for Negroes, but we do not advocate segregation of any group; but we are keenly aware of the need for training and experience for physicians and nurses."

Our answer to this, Mr. Embree, is that as far as the public knowledge is concerned, the activity of the Julius Rosenwald Fund has been essentially to establish and to aid in the establishment of Negro insttutions and hospitals. You deny segregation theoretically, but in fact the Julius Rosenwald Fund has stimulated and advanced tremendously the separation of the Negro race from all other races. We further feel that in the North the Julius Rosenwald Fund has stimulated the segregation of the Negro particularly with respect to health and education. As an evidence of this, we quote from an article by Dr. B. C. H. Harvey, Dean, Medical Students, University of Chicago, in the Journal of the National Medical Association, October-December, 1930, on page 187 where Dr. Harvey states: "The Conditions show plainly that the United States needs medical care of the sick Negroes and more sanitary education of Negroes. This need of the country imposes certain obligations definitely on the medical school and hospital." Further on he states, in discussing the Negro students at the University of Chicago, of whom there were fourteen in 1928, that: "These few colored students should be trained as well as possible for there will be a great need for their services as colored doctors. But the facilities are lacking. We have long been able to carry them through the first two preclinical years without difficulty. But difficulties that are almost insuperable appear at once when they begin the work of the third year and the difficulties continue through the fourth and fifth or interne year. It is not practicable to assign colored students to clerkships in white hospitals in a routine way. We have tried it in the Billings Hospital in a small experimental way with one or two tactful students. It can be done perhaps to a small extent but it creates an embarrassing situation and cannot be a real solution of the problem." Dr. Harvey further states: "Interneships for colored students can be served only in colored hospitals or general hospitals with many colored patients." And under a heading of "What We Are Doing in Chicago," Dr. Harvey states "The Trustees of the Provident Hospital in cooperation with the University of Chicago have established such a hospital in this city. The Rosenwald Fund and the General Education Board have helped them. Many others have helped through the campaign just conducted under the leadership of Mr. Rosenwald, Lr. Frank Billings and Mr. A. A. Sprague," and Dr. Harvey has the effrontery to say, "The devoted efforts of these three men have conferred on the Negro doctors a great and lasting benefit." So it seems that the proposed enlargement of the Provident Hospital is to save the University of Chicago embarrassment and to relieve it of responsibility as regards the colored student and interne.

Dean Harvey declares that the Negro medical student becomes a problem after his preclinical years in medical college. This is not true generally speaking, and whenever true it is entirely due to either first, a definite inclination on the part of the properly constituted authority for such to exist, to later justify whatever unfair and partisan attitude they may care to adopt; or secondly, lack of courage and firmness in demanding and giving to the colored student simple justice and equality of opportunity, the latter in itself the most cherished democratic ideal. After all, when a colored man enters a university he becomes a ward of that university and as long as he maintains the educational and moral standards prescribed by the institution he is entitled to all of the opportunities for development given to all of the other wards. In failing to assure him justice after accepting him the university is akin to the sheriff who tacitly turns his Negro prisoner over to the mob for the exercise of lynch law. In not accepting Negro students an institution brands itself as un-American and lacking in the fundamental concept of its creed. In England and France there is no discrimination against colored medical students who may come from any of their colonies.

Offhand, we should say that Dr. Harvey should be removed at once as Dean of Medical Students, University of Chicago. He is un-American in his sentiments, attitude and written word. Such a man should not hold a position in the teaching of medicine, which is one of the humanities.

Juoting again from your 1930 Julius Rosenwald Fund Report on page 24, you state: "In Chicago the Provident Hospital, which has a record of service under great difficulties covering forty years, arranged an affiliation with the University of Chicago whereby the University agreed to use the hospital for the teaching of Negro medical students for 'refresher courses' for Negro doctors and for training of internes and nurses." Further on in the same paragraph you state: "Of even more significance is the fact that now for the first time a great American university has taken direct responsibility for the education of the Negro undergraduate and postgraduate medical student and for the conduct of the Negro teaching hospital." At this point we would like to interject that Mr. Rosenwald is a trustee of Chicago University and it seems pertinent to inquire if he thus endorsed the segregation of Negro doctors in the medical school of this University. Such segregation is wrong. It is an admission of the fact that the University of Chicago is not a great American university for if it were great in the true sense of the word there would be no occasion for any separate arrangement for the Negro undergraduate or postgraduate medical student. They should be accepted in the University and trained as all other American students and citizens under a democratic form of government. To do otherwise is to create a menace to the training of the Negro in medicine. It sets him apart from all other citizens as being a different kind of citizen, and a different kind of medical student and physician which you know and we know is not the case.

The high mortality and morbidity of Negroes, about which you talk so much, cannot be cut down in this way. Death rates can be cut down among colored people in exactly the same way they are cut down among all other racial groups. The Negro medical student needs exactly the same fine institutions, contacts, opportunities and inspirations that other students need. The formation of Negro hospitals in Negro communities by persons other than Negroes is in violation of the fundamental rights of citizenship that is guaranteed by the Constitution of the United States. But you did not mention the fact, Mr. Embree, that Mr. Rosenwald has not, as far as we know, advocated the segregation of Jewish students at the University of Chicago and the sending of Jewish students to Jewish hospitals for their clinical clerkships and interneships.

The issues are much larger than those of hospital facilities alone. Your hospital program representatives further step which would justify the denial on the part of the properly constituted authorities of our inalienable rights as citizens. If there are to be hospitals in the North exclusively for the Negroes then such hospitals must be established, maintained and directed by Negroes. Of course, groups of Negro physicians in the North have the undoubted right to establish and maintain sanitariums or hospitals for their own race. As to Negro hospitals of any character in the south, that is a matter which we will not discuss here.

If we are not citizens we feel that we should be honest with ourselves and say so. If we are not entitled to

the rights of citizenship as guara by the Constitution of the Ui States we feel that we should honest with ourselves and with you. On the other hand, we feel that sound progress, as far as the colored physician goes, is to work and struggle as members of all other racial groups have done to improve ourselves, our contacts and to establish our rights. No other position, in our minds, can be compatible with self-respect or intellectual growth.

Birmingham, Ala. Post
Tuesday, June 2, 1931

CUT IN HOSPITAL COSTS IS SEEN

Rosenwald Commission May Override Doctors

By United Press.

CHICAGO — Hospital care may be provided at half the usual cost under a plan sponsored by the Julius Rosenwald fund, it was announced Tuesday after a year's experient in two hospitals of Keokuk, Ia.

The plan was designed to provide hospitalization to "the great American middle class" at a cost within the reach of all and payable in installments.

Officials of the hospitals and of the Rosenwald fund regarded the plan as successful, it was announced, but it was opposed by a group of physicians and surgeons. The plan was diccontinued last February after being operated for 12 months.

Objection of the plan by the physicians were that it:

1. Interfered with the doctors professional independence.

2. Established two financial standards for patients and was embarrassing to physicians.

3. Violated medical ethics because of receiving newspaper publicity.

4. Provided "near charity" medical care for patients who could afford to pay a higher rate.

Sponsors of the plan said the average person who took advantage of it was a member of a family of four, with a total income of $21.95 each week, assuming continuous employment thruout the year.

Hospitals-1931

General

DR. KENNEY SAYS RACE DEATH RATE TWICE THAT OF WHITES IN COUNTRY

Courier 3-7-31

Tells of Advancement Race Has Made—Had Six Hospitals In 1900—Now Have Over 200—17 Have Class A Recognition—Sad Lack of Negro Doctors.

Pittsburgh, Pa.

(Editor's Note—This is the second of a series of exclusive special articles to be written by outstanding leaders in Negro life on subjects on which they are an authority. The Courier feels all sides of any question of race-wide interest should be heard, and presents this article on the much discussed hospital question with the belief that it will aid clear thinking on the situation.)

By DR. JOHN A. KENNEY

NEWARK, N. J., Mar. 5—For one who can take a retrospective view covering 30 years of professoinal life, despite our handicaps and shortcomings, it is illuminating to note the contrast between then and now in the Negro hospital world. Then there were perhaps hardly more than a half dozen institutions deserving to be credibly termed hospitals. The Freedman's hospital of Washington, D. C., the Provident hospital of Chicago, the Frederick Douglass hospital of Philadelphia and of the lesser lights, perhaps two or three more could be mentioned. Today, while conditions are far from adequate, we are able to catalogue some 200 institutions whose type permits the name of hospital. Some of these, it is true, are mere apologies, but there are others on the list that are creditable institutions. As an encouragement of our accomplishments and our possibilities, it is interesting to note that 14 of these hospitals are approved by the American Medical Association and 17 by the American College of Surgeons as grade A for the training of internes. While harping on our shortcomings, I ask you to consider this fact with justifiable pride. Seventeen accredited Negro hospitals brought into being in one generation, and most of these in the last third of that time! If we were so inclined we could grow pompous and chesty over this fact. As I recall it, the first published announcement of the American Medical Association carried only four and the John A. Andrew Memorial Hospital of Tuskegee Institute, of which I was at the time and for 22 years medical director, was one of these. That was about 10 or 12 years ago. If within those dozen of years we have added 13 more, and now that we are aroused and going strong, what may be expected in the next generation or even in the next 10 years?

Negro hospitalization is one of the most important topics affecting the race today. As encouraging as are the figures given in the above paragraph, and the outlook for the near future, the conditions are far below a normal expectancy. Great stress is put upon the hospital because it may be regarded as an index to a people's health standards. If the hospital standard is high the morbidity and mortality rates are low, and vice versa.

Compared with other races, our hospital facilities are the lowest on record. That statement prepares the reader for that which is to follow, namely, that compared with the white race beside and among whom we live our morbidity and mortality rates are high. Someone has classified lies as of three kinds: plain lies, and then the lie that is so outrageous and damaging as to be termed the—lie; and then the worse lie of them all, statistics. However, in this instance we are unable to get consolation from the accusation that statistics affecting our health and death rates are lies, for in every instance and from whatever source obtained the same conclusion is reached: the Negro per capita is sick more of the time, and is dying faster and in greater numbers than his white neighbor. No intelligent Negro any longer questions the accuracy of these statements. Our object and interest now are to find out the why and the remedy.

Mr. Edwin R. Embree, president of the Rosenwald Fund, in an address at the dedication of the new Nurses' Home at Mercy hospital in Philadelphia recently, stated that the annual Negro mortality is 30 per thousand; equal to that of Bombay and Calcutta. The Negro death rate for the country as a whole is 62 per cent above that for the whites. The death rate from tuberculosis is three times that of the whites, and that according to a recent survey in Tennessee the death rate for Negro children of elementary school age is ten times that of the whites.

Dr. B. C. H. Harvey, dean of medical students, University of Chicago, in an article read before the annual congress on medical education, medical lencensure and hospitals, published in the Bulletin of the American Hospital Association and by special licensure and hospitals, published of the Journal of the National Medical Association, says: "It is a startling and pathetic fact that there is twice as much disease among the colored as among the white. The mortality of Negroes in the cities of the United States is 187 per cent of the mortality among whites; in the rural areas it is 149 per cent. (United States Public Health Bulletin 174, 1928.) In Chicago the mortality among Negroes in 1928 was 26.25 per thousand; among whites it was 12.53 per thousand. Thus their mortality was 209 per cent of the mortality among whites. (Chicago Health Department figures.) Morbidity among them was correspondingly excessive. In the whole State of Illinois their death rate was double that of their white neighbors. The proportion is shown by the Public Health Bulletin to be still higher in Michigan and Ohio. According to the United States Life Tables 1920, the expectation of life for whites in the registration states was 55 years, for Negroes 41 years."

He further states: "As compared with the death rate for the white population that of the Negroes from malaria is 344 per cent; pellagra, 327 per cent; tuberculosis, 236 per cent; typhoid, 174 per cent; puerperal sepis, 170 per cent; lobar pneumonia, 166 per cent; whooping cough, 162 per cent, and gastric ulcer, 154 per cent."

In New York City the Negroes furnish five per cent of the population and 15 per cent of the deaths from tuberculosis. Wherever we search for information along this line we find the same high disease and death rate tendency. Therefore, we have to accept it as true.

With an integral part of its population thus admittedly affected in a disproportionately large measure as compared with the whole, it would seem that special efforts would be made favoring that element the most in need. That is what the good general does in a conflict. He brings up his reserves and throws them into the breach, or strengthens the segment under the greatest strain, where a breach is imminent. The facts, in practice, are that this weakened segment is the most neglected of the whole.

The figures show that for the population of the United States as a whole there is one hospital bed for each 137 of its population, while for the Negro people there is one hospital bed for every 1,941 of its population. Dr. Harvey, referred to above, has shown that the "Negro medical students are few in proportion to the colored population of the North, being about 1 in 30,000, whereas 1 in 6,000 of the total population was enrolled in the medical schools. That is, there are five times as many white doctors for the white people as there are colored doctors for the colored people."

Thus you see that instead of concentrating our forces on this weakened part of our line, the odds are 14 times as many hospital beds and five times as many doctors per capita for the stronger or favored element as compared with the weaker.

Perhaps those in authority and responsible for this unhappy state of affairs get consolation from that part of the Holy Scriptures which distinctly says, "To him that hath shall be given, and from him that hath not shall be taken away that which he seemeth to have."

We referred above enthusiastically to the more than 200 hospitals which we have, 17 of which have class A recognition. We should say that about 150 of these are owned and operated by Negroes and that a large proportion of these represent the efforts of individual Negroes themselves and usually Negro doctors.

The Negro physicians receive their medical training either in our own schools, Howard University of Washington, D. C., and Meharry Medical College of Nashville, Tenn., or in one of the large Northern universities, where they have rubbed elbows with the best in the white race and frequently have triumphed over many of them, for Dr. Harvey of the University of Chicago, states: "The 53 colored students (in the northern medical colleges) were good. They had to be good to secure admission to these schools." Upon graduation they go into practice full of enthusiasm and with a zeal to apply the knowledge they have attained. Imagine their disappointment and shock when they find that for 98 per cent of them the only avenues open are their own individual offices equipped with whatever means their empty pockets afford, and the bedside of the patient, usually in the lowliest hovels of the community where they are. One of these men some time ago, a brilliant graduate from the University of Pennsylvania, who had interned in a big hospital of the North, wrote me a pathetic letter portraying just the conditions described above. He stated that he had studied and interned with ambitions to do surgery and that he found himself with no opportunity or prospects, but to practice general medicine in the office and the homes.

This is the Gethsemane through which many of us have passed and where the majority of us still find ourselves. Many of us finding ourselves thus confronted have had our inner spirits rebel and as a protest to this uncharitable act of American environment have struggled to save of our earnings and regardless of future consequences affecting old age and dependents invested in hospitals of our own, where we might have opportunities to apply and to develop the skill which we have acquired. It is this group that has largely swelled the number of Negro hospitals and in many communities they are the only resource for the race.

In this connection permit me to mention the Kenney Memorial hospital of Newark, a privately owned and managed institution of 30 beds, which with but one possible exception of less pretentions, is the only institution of its kind in New Jersey. In the first paragraph of our report in the Hospital Number of the Journal of the National Medical Association last August I stated that "this little hospital is an apology for the State of New Jersey." I make it more strong here and say that it is a protest against the discrimination which confronts us. Coming as I did from the John A. Andrew Memorial hospital of Tuskegee Institute, Ala., with its abundant facilities, which I had at my disposal for so many years, I could not con-

tent myself with office and cabin practice. Hence this hospital stands as a day and night mute protest against the un-American, senseless prejudices which would thus stigmatize me. This hospital is open freely and without question to every member in good standing in the North Jersey Medical Society.

In order that there may be no misunderstanding, let me utilize this occasion to say that barring one possible exception (?) and I use the question mark advisedly, there is no hospital in the State of New Jersey that admits Negro doctors to practice on their patients. I wish to make this clear because it is not generally known to be true. In an address before the Interracial Committee of Montclair last spring I called attention to this. Some white members of the audience approached me afterward and asked seriously, "Is it true?" I said then, and I say now, "Yes, it is true," and I say further, it is not only true of New Jersey, but it is generally true; anything to the contrary is the exception and not the rule.

This brings me to another and the final part of my discourse. With these facts, and I have studiously endeavored to give nothing but the plain, bald and unadulterated facts, confronting us, what are WE doing, what are WE GOING to do, about it?

NEW YORK TIMES

MAR 22 1931

PLANS NO HOSPITAL FOR NEGROES HERE

Rosenwald Fund, in Report, Says Aim Is to Promote Best Inter-Racial Ties in Medicine.

CARE INADEQUATE IN SOUTH

But in North, Notably in Boston, Survey Shows Hospital Beds "Effectively Occupied."

Special to The New York Times.

CHICAGO, March 21.—The Julius Rosenwald Fund issued today a compilation of available statistics about Negro hospitals in the United States in which it was indicated that the fund had no intention of establishing a Negro hospital in New York City, as stated recently by members of the Manhattan Medical Society.

While the report contains no reference to the charges made recently by a group of Harlem Negro physicians that "the Rosenwald Hospitals are Jim Crow in spirit and Jim Crow in fact," Dr. Michael M. Davis, director of medical services, asserts that the fund, early in 1928, was committed to inter-racial participation in hospital management as by trustees and in medical service as to staff.

"Hospitals are not only service enterprises caring for the sick," Dr. Davis writes. "They have great educational significance. They are essential in the training of physicians as graduates and as undergraduates, of nurses, social workers and other personnel needed for modern medical service.

"It seemed clear that sound policy might well lead the fund to aid a limited number of institutions which could be of special educational value in the training of physicians and nurses and which would also assist in working out the best inter-racial relationships in the medical field, certainly one in which lines of color have no place."

Discussing opportunities open to Negro physicians in American hospitals, Dr. Davis writes:

"The data available give no statistical answer to this question in terms either of the number of Negro physicians who possess defined hospital opportunities or of the quality of those which a certain number of Negro physicians do possess.

"It seems clear, however, that opportunities open to Negro physicians are limited both as to quality and quantity, in both North and South, to a degree which places a serious handicap upon their professional development."

"From the standpoint of hospital service to the Negro sick," Dr. Davis continues, "we have fairly satisfactory data from only three States, the Carolinas and Tennessee. The insufficiency of hospital beds available for the care of Negroes in many parts of the Carolinas and in some parts of Tennessee is clearly brought out.

"For other Southern States our information is insufficient, but again the indications are that available beds are relatively few in proportion to population and to medical needs."

Though statistics on Negro hospitalization in the North were entirely lacking, Dr. Davis said that the number of hospital beds kept "effectively occupied" was known, and added:

"There are Northern cities, such as Boston, which appear to keep well occupied as many as five or six beds per thousand of population in hospitals serving acute diseases, excluding those caring for tuberculosis and mental cases, chronics and convalescents."

A WAY OUT IS SUGGESTED

ALTHOUGH the need for adequate hospitalization for Negroes has long been demonstrated, even where sectional prejudices make it available to them, there has been no noticeable increase for hospital care for the group. Where colored patients sometimes can be given hospitalization, their regularly attending physician, if he be a Negro, frequently cannot supervise their convalescence and, in the South, can never operate where such procedure is necessary. Reference here, of course, is to hospitals which are controlled by the majority group.

That is what gives significance to certain developments in the hospitalization and medical fields within recent weeks. First, the New York Urban League has purchased a site on which to develop a home adequate to meet the hospital needs of the colored population of New York and vicinity. Richmond has a drive on for the erection of a hospital to be manned by black men and women. Richardson Memorial Hospital, operated by Negroes at Greensboro, N. C., has achieved the highest rating hospitals can receive from the American College of Surgeons. Ground has been broken for a two-million dollar home for Harlem Hospital nurses in New York. Dunbar Memorial Hospital at Detroit, Mich., owned and operated by Negroes, has achieved "A" rating by the American College of Surgeons. Plans are on foot for the erection of a million dollar hospital in St. Louis for Negroes. The Flint-Goodrich Hospital, unit of Dillard University at New Orleans, has been nearly completed at a cost of $350,000. The Rosenwald Fund has helped over a dozen hospitals financially, helped build new ones, established clinics, and aided our two medical colleges. Last week Meharry Medical College at Nashville formally opened its new two-million dollar plant, the largest purely professional school for training Negroes anywhere in the world.

These things have a significance because, if we are not to be sometimes turned away from hospitals dying, if our medical graduates are to get interneships, if clinical and post-graduate experience is to be made available, if we are to get more trained nurses, and if we are to get anywhere near adequate and decent hospitalization facilities, it is up to us to get these things for ourselves. It will be many years before the ideal situation everyone would desire comes to pass and in the meantime we have bad health conditions to combat, lives to be saved, suffering to be relieved. There is a way out, and there is more than one way out.

Georgia

Hospitals-1931

ONE OF THE MOST MODERN AND FULLY EQUIPPED FOR NEGROES IN THE COUNTRY

Journal 1-24-31
Savannah Ga.

Charty Hospital was born in the summer of 1893 at the corner of Liberty and Montgomery Streets where the Liberty Street Branch of the Citizens and Southern National Bank now stands. In order to have a hospital it was necessary to have trained nurses hence the Training School of Nurses was the twin sister of the Hospital which will be dedicated Sunday.

Two names will always be associated with Charity Hospital, they being Dr. and Mrs. Cornelius McKane, under whose influence and initiative the Hospital saw the light of day. Originally Charity Hospital went under the name of the McKane Hospital and Training School for Nurses.

Like every other important matter dealing with the welfare of human beings, certain periods stand out either for weal or woe in the evolution of its life, so the same in the long life of Charity Hospital.

The first period was in 1895 when the McKanes felt the call for work in Africa. Fortunately on their departure the late Dr. W. C. Blackman took hold of the project and carried on until his death during the latter part of last year. Again, in the year 1896 on the return of Dr. and Mrs. McKane from Africa, they gathered around them a consecrated group of women filled with vim and vision, who secured a five room two story dwelling at 644 West 36th Street, for which they promised to pay $1200.00. Composing this group were Nurse Annie E. Nuttall, Mesdames Lula Johnson ,A. E. Randolph and A. B. Collier

In the year 1900 a complete re-organization of the institution took place in which the McKanes relinquished all their claim and all control of the Hospital and late in the year 1901 the late Rev. Alexander Harris suggested a change in the name from McKane Hospital and Training School for Nurses to Charity Hospial and Training School for Nurses.

The male and female wards were were added to the old building in 1906 and in the same year Mr. Nuttal thru the influence of Dr. W. C. Blackman donated a five room two story building for private wards. During this year another splendid character entered the picture, Mrs. L. A. Lucas, who solicited funds and paid for the plumbing fixtures and furnishings for the five rooms. From then until now, Mrs. Lucas has never lost her first interest and is as active in her work for Charity Hospital today as she was in 1906.

In 1911 the Medical Staff donated a laundry and instituted a City Wide Tag day which netted enough funds to pay off the remainder of the original mortgage incurred by the incorporators.

The first step taken in the program for the construction of a modern hospital plant was made in 1912, when Dr. W. C. Blackman called together the graduate nurses and with them launched the idea which will reach its partial fruition on Sunday. The new plant began its long journey with the marvelous sum of $3.50 donated by th enurses to purchase the lot upon which this building stands. To this sum was added $75.00 by the faculty and $105.00 solicited by Mrs. L. A. Lucas Four years later Mrs Lucas conducted a campaign which netted $790.

Another lot was bought by the Woman's Auxiliary to Charity Hospital in 1919. This organization which has done such a marvellous work for Charity Hospital was organized by the late Mrs. Marion Tolbert aided by Mrs. Lucas. Through the efforts of these two women, $1000.00 was raised and the second lot of the series was bought. Mrs. Lucy Newton is the capable President of the Woman's Auxiliary today. She has followed in the footsteps of her predecessors and made a wonderful contribution in time and service in making the New Charity Hosptal a concrete reality.

No history of Charity Hospital would be complete without the names of Drs. P. E. Love, W. A. Harris, the present Superintendent, I. D. Williams and the late Clarence E Brent. Each and all have worked day in and out without pay or price to make Charity stand out as an efficient and effective agency in battling for the health of Negroes in Savannah and adjacent territory. No story of the work could end without mention of the recent benefactors: The Rosenwald gift of $50000.00; the Sarah Mills Hodge Gigt of $25,000.00; the services of Rabbi Solomon, the valuable interest of Mrs. A. R. Lawton, Judge S. B. Adams, the Hon. Mills B. Lane, The Hon Mayor Gordon Saussy Col. Hitch, Dr. J. K. Train and scores of others, without whose help the Hospital would not have been complete

The New Hospital

The new hospital will have 40 beds It will have a surgical suite maternity department X-Ray and diagnostic laboratories, and other departments necessary to a modern hospital equipped to do good work.

On the first floor there will be one 12 bed ward, one 4 bed ward and private room, office, pharmacy and supervising nurse's quarters.

On this floor there is also interne's quarters and a diet kitchen. The East wing of this floor will have five private rooms and a four bed ward and sun porch. The second floor of the building provides a 12bed ward, two 5 bed wards, one four bed ward, and six private rooms. On this floor the East wing will be situated the maternity department with delivery room, a four bed ward, three private rooms, nursery, and nursery and sun porch.

On the third floor there will be two operating rooms, with a sterilizing room, X-Ray and diagnostic laboratories ,and the necessary doctors' wash room, doctors' locker room and nurses work rooms. Here also is one six bed ward, a 3 bed ward and diet kitchen.

The main floor of the building will contain ambulance entrance nurses' lecture room kitchen, nurses' dining room, autopsy room, and the necessary store rooms. Here also is ample space for the establishment of out-patient clinics.

The furniture in the hospital is all steel grained in mahogany. The building is equipped with electric signals throughout and private telephone connectons. Indirect illumination also affords a restful apearance at night. Over each bed is an electric push button which signals the nurse when wanted by a patient and also indicates the bed in which the patient is that sent in the call.

The hospital is modern in every respect and very reasonagle in price. The back and side private rooms will be rented for $17.00 while the front rooms will be rented for $20.00. Other beds in the ward will range from $10.00 to $14.00

Present Officers

The present board and officers are: P. A. Denegall, president: Sol. J. Johnson and S. L. Ponder, vice presidents; M. D. Bryant, M. D, secretary; Dr. W. A Harris, superintendent; Dr. I. D. Williams, assistant; Mrs. A. W. Saulters, superintendent of nurses; Miss C. Emma Lewis Mrs. L. A. Lucas, Mrs. Lula Johnson, Mrs. L. A. Newton, Mrs. W. G. Powell, Mrs. O. G. Quarterman, Rev. L. M Glenn, Rev. J. H. Brown, Dr. P. E Love, Dr. C. H. Porter, S. A. Jones, J. S. Delaware, D. J. Hill, R. W Gadsden, P. C. Philips, J. M. Walker, J. E. Fonvielle, J. L. Lyons, J. R Davis

There is also an executive board of white citizens with Capt. R. M. Hitch as chairman.

The Staff

The hospital staff consists of W A. Harris, superintendent; Dr. I. D Williams, assistant; and Drs. P. E Love, M. D. Bryant, C. H. Porter, S. F. Frazier, S. M. McDew and M. P Sessoms Several other physicians are on the associate staff

In addition to the regular staff the following are members of the faculty of the Nurse Training Department: Mrs Charlotte S. Curley, Miss Cornelia O. McDowell, Drs. E. W Verner, R. T. Wyche and T. J. Davis

Sunday afternoon at 4 o'clock the dedicatory program will be rendered as follows, President P. A. Denegal of the Board of Trustees acting as master of ceremonies:

Chorus—"Swing Low Sweet Chariot"—St. Phillip Junior Choir.
Invocation—Rev. R. S. Hannah, pastor of St. James A. M. E. Church
Chorus—"Holy Art Thou"—Savannah Music Club.
Address—Hon. Gordon Saussy Mayor of Savannah.
Quartet—"Lullaby"—Ga. State Ind College
History of Charity Hospital and Training School for Nurses—Dr William A. Harris, superintendent
Solo—"Love Suffereth Long"—Mrs Rosalie Williams
Remarks—Mrs. Lucy A. Lucas, Charity Hospital Auxiliary
Quartet—"Teach Me To Pray"—Ga. State Industrial College
Address—Rev. J. S. Braithwaite former secretary of Board of Trustees
Selection "Deep River"—First Bryan Baptist S. S. and B. Y. P. U Chorus
Address—Hon. Robt. M. Hitch, Chairman Executive Board
Selection—"O Italia Beloved"—St. Philip A. M. E. Junior Choir
Address—Rabbi George Solomon Synagogue Mickve Israel
Solo—"Sinner Please Don't Let This Harvest Pass—Mrs. Rosalie Williams.
Remarks—Dr. John K. Train Chief of Consulting Staff
Chorus—"Lambs A-Crying"—Savannah Music Club
Address—Dr. Edwin R. Embree, President of Julius Rosenwald Fund
Benediction—Very Rev. Joseph D. Mitchell V. G.

NEGRO HOSPITAL OPENS

Telegraph-News

Savannah Institution Costing $125,000 Now in Use

1-25-31

SAVANNAH, Ga., Jan. 24 (AP)—The new unit of charity hospital, recently completed at a cost of $125,000, to which the Julius Rosenwald fund contributed $50,000, citizens of Savannah gave $63,000, and Mrs. Henry Hodge the balance, will be formally dedicated tomorrow afternoon.

Macon, Ga.

This hospital is for Negro patients. It is operated by a staff of Negro physicians and nurses with a consulting board of white physicians. At the exercises tomorrow Mayor Gordon Saussy, Robert M. Hitch Rabbi George Solomon, and other prominent Savannahians will make talks. The hospital contains 68 beds and is constructed on modern lines.

Ga. Times
Jan 27, 1931

An appeal is being made to the colored school children of Georgia by the association representing the teachers in colored schools for contributions to erect a school house for negro children at the State Sanitarium at Alto, where there are many colored children of school ege. The appeal is for a worthy cause and illustrates the growing self-reliance of the colored people in this state. It is to be hoped that they secure their fund and erect their building as a monument to their efforts for the unfortunate of their race.

Ga. Gazette
Jan 27, 1931

The Georgia negro teachers association is undertaking a worthy work in seeking to raise funds with which to erect a school building for the negro boys and girls at the state tubercular sanitarium at Alto. The collections will be taken on Friday, February 6th, when every negro school teacher in the state will be asked to give 50 cents and every negro school child 10 cents. The funds

raised will be turned over to school officials and same forwarded to State Superintendent M. L. Duggan, who has agreed to act as trustee. It is hoped that the negroes of the state will join heartily in the campaign and raise a creditable sum.

Hospitals-1931.

Georgia

NEW CHARITY HOSPITAL THE MOST MODERN IN THIS SECTION OF STATE

Third Section of Building to Be Erected Later

The McKane Training School for Nurses was opened in the home of the Doctors Cornelius and Alice Woodby McKane, and the home and office combined was at the corner of Liberty and Montgomery streets in the city of Savannah.

How It Began

It was Dr. Alice, otherwise called, "Little Dr." who conceived the idea of the school and put it into practice, and that over protest.

The project was widely advertised by means of press notices, hand circulars, notices to churches and organizations; the responses were most encouraging—more than two hundred men and women applied for application blanks for admission, but when the school was opened, which was on the first Monday in September of 1893 only twenty registered and paid the small tuition fee charge for instruction.

The pupils were as enthusiastic over their studies as the doctor was of their attendance. Most of the white physicians of the city welcomed the new institution for they realized it was destined to fill a real need as there was no other such school of any kind in southeast Georgia.

The white people of the city, already accustomed to colored people serving them, were more than pleased with the prospect of being able to secure properly trained nurses at home and many letters were sent to the doctor telling her so.

The experienced nurse, who had held the place of the physician's attendant and helper with the sick was not able to meet the requirements of the younger practitioners who had been trained in the then modern ways of treating diseases, and so, nurses were brought in from other states, mostly white northeners.

Three months after the school was opened more than half of the pupils left, all were told that the studies were unnecessary and that the small pittance charged was all that the promoter was after and that they, the would be nurses, would never earn a dollar. About three were influenced by this talk, four were not sufficiently trained educationally to keep up with the studies and were dropped, five being urged to stop training and nurse for half pay that the trained nurses received then, felt that they were blessed to get an opportunity to earn what they considered very high pay, gave up and began nursing. Eight remained and completed the course.

In the beginning of the work, for the purpose of practical instruction, children were hired for small pay to act as patients, but the mothers of the make believe patient, were often told by the superstitious and by those opposed to the school, that to play sick would cause sickness to come to them, became fearful and the children ceased to serve.

A Dispensary

It was then that a small public dispensary was opened in connection with the work. The women in training were sent to the homes of the very needy to render services if they were ordered to bed and Dr. Alice would follow and instruct. This method worked well, but the time came when the "Little Dr." needed a nurse for herself and then Dr. Cornelius was pressed into the service of the school.

In the spring of 1895, Mr. William C. Blackman, a boyhood chum of Dr. Cornelius McKane, wrote to him that he was soon to be graduated in Medicine and was looking for a place to settle and asked him to suggest one. As Dr. Cornelius was responsible for his coming to this country to study and the doctor was planning to go to Liberia to establish a hospital there, he wrote Mr. Blackman these facts, and so, shortly, it was Dr. William C. Blackman, newly graduated who came to his friend in Savannah. The new doctor was given free the furniture equipment of office and home and left in charge of the training school, then the McKanes emigrated to Liberia, West Africa.

Migrate To Africa

The African work was started but a serious attack of African fever, which threatened the life of Dr. Alice, caused them to abandon the work and return to the States. They were then urged by their graduates and other Savannah friends to return to the Forest City, and "save the institution," as they put it, for the people appeared to be losing interest in the work, "Do not need any more trained nurses," was the saying of many.

Hospital Started

The McKanes returned and Dr. Cornelius talked the matter over with Dr. Blackman and suggested that they establish a hospital as one was sorely needed but to this proposition Dr. Blackman did not agree, then Dr. Cornelius asked all the colored doctors in the city to meet in a conference that the matter might be put before them for action: as many as were interested came but the two McKanes were the only ones who were in favor of the project for it was viewed as an expensive affair.

Dr. Cornelius then placed the matter before the colored people of Savannah and the surrounding towns; the white people hearing of the affair asked for information, finally all, or most of them saw the point and rallied enthusiastically to the cause, with the result that a part purchase price was paid on a house in Brownsville on Florence St. This was remodeled at a very moderate cost, the school equipment removed from the Liberty Street place and in October 1896 the McKane Hospital for Women and Children and Training School for Nurses was opened as a free, charitable institution.

Original Board

A regular organization was then formed with the board of trustees as follows: Dr. C. McKane, Dr. Alice W. McKane, Mrs. Annie Nuttal, Mrs. A. B. G. Carr, Mrs. Mintie Cannal, Mrs. A. E. Randolph, Mrs. Lula Johnson, Mrs. Fanny Hamilton, Mrs. Ellen Bennett, Maj. W. H. Royall and Sol. C. Johnson This board was afterwards increased with Rev. L. B. Maxwell as president. Dr. Cornelius was selected as the superintendent of the hospital and Dr. Alice was placed in charge of the Nurse Training department. There was a physician staff, and a head nurse. A state charter was secured, and the colored and white people, who were interested, maintained the institution, for the most part, though a few friends of the McKanes sent small donations monthly.

The McKanes pooled their individual earnings weekly and divided the sum into two equal parts, one for themselves and one for the hospital for this was the only way the work could be continued for not a penny was received from the city, county or state nor were they appealed to for funds; that was the McKanes' idea and that arrangement continued as long as they were connected with the institution.

First Graduating Class

The graduates of the first class were Miss Gussie Freeman (now Mrs. Galaway), Mrs. Mintie Cannal, Mrs. Annie Nuttall, Mrs. A. B. G. Carr, Mrs. A. E. Randolph, Mrs. Lula Johnson, Mrs. Emma Collier and Mrs. Ellen Bennett.

Name Changed

An increasing McKane family made it imperative for the Drs. McKane to relinquish the work, then it was the others in charge decided to admit men and to change the name to Charity Hospital with the following trustees: Rev. L. B. Maxwel Reverend Alexander Harris, Rev. J. J. Durham, Dr. C. B. Whaley, Prof. J. C. Ross, A. L. Tucker, Sol. C. Johnson, J. H. Johnson, Geo. S. Williams, Miss C. Emma Lewis, Mrs. Anna Nuttall, Mrs. Ellen Bennett, Mrs. A. B. G. Carr, Mrs. Fannie Hamilton, Mrs. Lula Johnson, Mrs. A. E. Randolph.

The Savannah Press under late of February 12th, 1901 states the matter thus—

"An order was granted in the Superior Court this morning granting the amendment of the charter of the McKane Hospital for Women and Children and Training School for Nurses, changing the name of that charitable institution to "Charity Hospital and Training School for Nurses." Men are now to be admitted as well as women and children."

Since that period there have been several changes in the personnel of the board of trustees and also the officers. Among the more prominent ones who have since passed away are the following: Rev. L. B. Maxwell, the first president; Dr. C. McKane, Rev. Alexander Harris, Rev. J. J. Durham, J. H. Johnson, J. C. Ross, Geo. S. Williams, E. E. DesVerney, Mrs. Anna Nuttal, Dr. S. Palmer Lloyd, Dr. J. H. Bugg, Dr. T. Jas. Davis, Dr. J. Walter Williams, Dr. William C. Blackman.

Present Officers

The present board and officers are: P. A. Denegall president; Sol. C. Johnson and S. L. Ponder, vice presidents; M. P. Bryant, M. D., secretary; Dr. W. A. Harris, superintendent; Dr. I. D. Williams, assistant; Mrs. A. W. Saulters, superindent of nurses; Miss C. Emma Lewis, Mrs. L. A. Lucas, Mrs. Lula Johnson, Mrs. L. A. Newton, Mrs. W. G. Powell, Mrs. O. G. Quarterman, Rev. L. M. Glean, Rev. J. H. Brown, Dr. L. E. Love, Dr. C. H. Porter, S. A. Jones, J. S. Delaware, D. J. Hill, R. W. Gadsden, P. C. Phillips, J. M. Walker, J. E. Fonvielle, J. L. Lyons, J. R. Davis.

There is also an executive board of white citizens with Capt. R. M. Hitch as chairman

The Staff

The hospital staff consists of W. A. Harris, superintendent Dr. I. D. Williams, assistant; and Drs. P. E. Love, M. D. Bryant, C. H. Porter, S. F. Frazier, S. M. McDew and M. P. Sessoms. Several other physicians are on the associate staff.

In addition to the regular staff, the following are members of the faculty of the Nurse Training Department: Mrs. Charlotte S. Curley, Miss Cornelia O. McDowell, Drs. E. W. Verner, R. T. Wyche and T. J. Davis.

In the support of the hospital, there was no more helpful force than that of the Women's Auxiliary, with Mrs.

Marion E. Tolbert as its first president. The idea was conceived by Mrs. Lucy A. Lucas, who has done more for the hospital than any other individual. This organization continues to be active with Mrs. L. A. Newton as president.

There is also a consulting staff of white physicians in charge of Dr. J. K. Train.

The New Building

The new hospital which is considered the most modern and best equipped hospital in the south for Negroes is designed on the three unit building plan, the central and eastern units being those now completed and having a capacity of 64 beds. The building is three stories an a basement.

On the first floor is a public reception hall, office, superintendent of nurses quarters which consists of a living room, bed room and bath. This floor also has an interne's room with private bath, one 4-bed ward, a 3-bed ward, a 12-bed ward and a pharmaceutical room, a large sun parlor and four private rooms.

The second floor affords six private rooms, one 12-bed ward, a 4-bed ward and the obstetrical section which consists of a delivery room, a 4-bed ward, three private rooms, a nursery and a sun parlor.

On the third floor are one 6-bed ward, one 3-bed ward, one 4-bed ward, the nurses' work room, a laboratory, a scrub room, a sterilizing room, two operating rooms and the doctors' lockers. Adiet kitchen, utility room and a linen closet are on each floor.

In the basement is the boiler room, 2 nurses' class rooms, an X-Ray room, a nurses' dining room, kitchen, store rooms, ice room and morgue. This portion of the building also contains space for an outdoor clinic.

An automatic elevator connects the four floor with an ambulance drive-in leading direct to the elevator landing.

When the third unit of the hospital is completed it will require the services of twenty-five nurses. For the time being the nurses' quarters will remain in the old building.

Dedicatory Program

Sunday afternoon at 4 o'clock the dedicatory program will be rendered as follows, President P. A. Denegall of the Board of Trustees acting as master of ceremonies:

Chorus—"Swing Low Sweet Chariot"—St. Philip Junior Choir

Invocation—Rev. B. S. Hannah pastor of St. James A. M. E Church

Chorus—"Holy Art Thou"—Savannah Music Club

Address—Hon. Gordon Saussy, Mayor of Savannah.

Quartet—"Lullaby"—Ga. State Ind College.

History of Charity Hospital and Training School For Nurses—Dr William A. Harris, superintendent

Solo—"Love Suffereth Long"—Mrs Rosalie Williams

Remarks—Mrs. Lucy A. Lucas, Charity Hospital Auxiliary

Quartet—"Teach Me To Pray"—Ga State Industrial College

Address—Rev. J. S. Braithwaite former secretary of Board of Trustees.

Selection—"Deep River"—First Bryan Baptist S. S. and B. Y. P. U. Chorus.

Address—Hon. Robt. M. Hitch, Chr. Executive Board

Selection—"O Italia Beloved"—St. Philip A. M. E. Junior Choir

Address—Rabbi George Solomon, Synagogue Mickve Israel

Solo—"Summer Please Don't Let This Harvest Pass—Mrs. Rosalie Williams

Remarks—Dr. John K. Train, Chief of Consulting Staff

Chorus—"Lambs A-Crying"—Savannah Music Club

Address—Dr. Edwin R. Embree, President of Julius Rosenwald Fund

Benediction—Very Rev. Joseph D Mitchell, V. G.

The new building will be occupied about Wednesday of next week on account of the proposed meeting of the Rotary Club next Tuesday.

Atlanta, Ga., Georgian
Friday, March 27, 1931

DR. BOYD NAMED TO GRADY UNIT

Selection of the advisory staff composed of one member from each of the three units, to the newly installed Grady Hospital board of trustees will be completed Friday night, when the medical staff of the negro unit, controlled by Emory University, is scheduled to name a representative.

Dr. L. Montague Boyd was named Thursday by the medical staff of the Albert Steiner cancer clinic to represent that unit. Dr. Frank Eskridge several days ago was appointed to represent the white unit.

Designation of one of their members to serve on the advisory staff with the board of trustees is the result of a formal request of the board, based on recommendations in the report of Dr. Bert Caldwell, executive secretary of the American Hospital Association, who conducted a survey.

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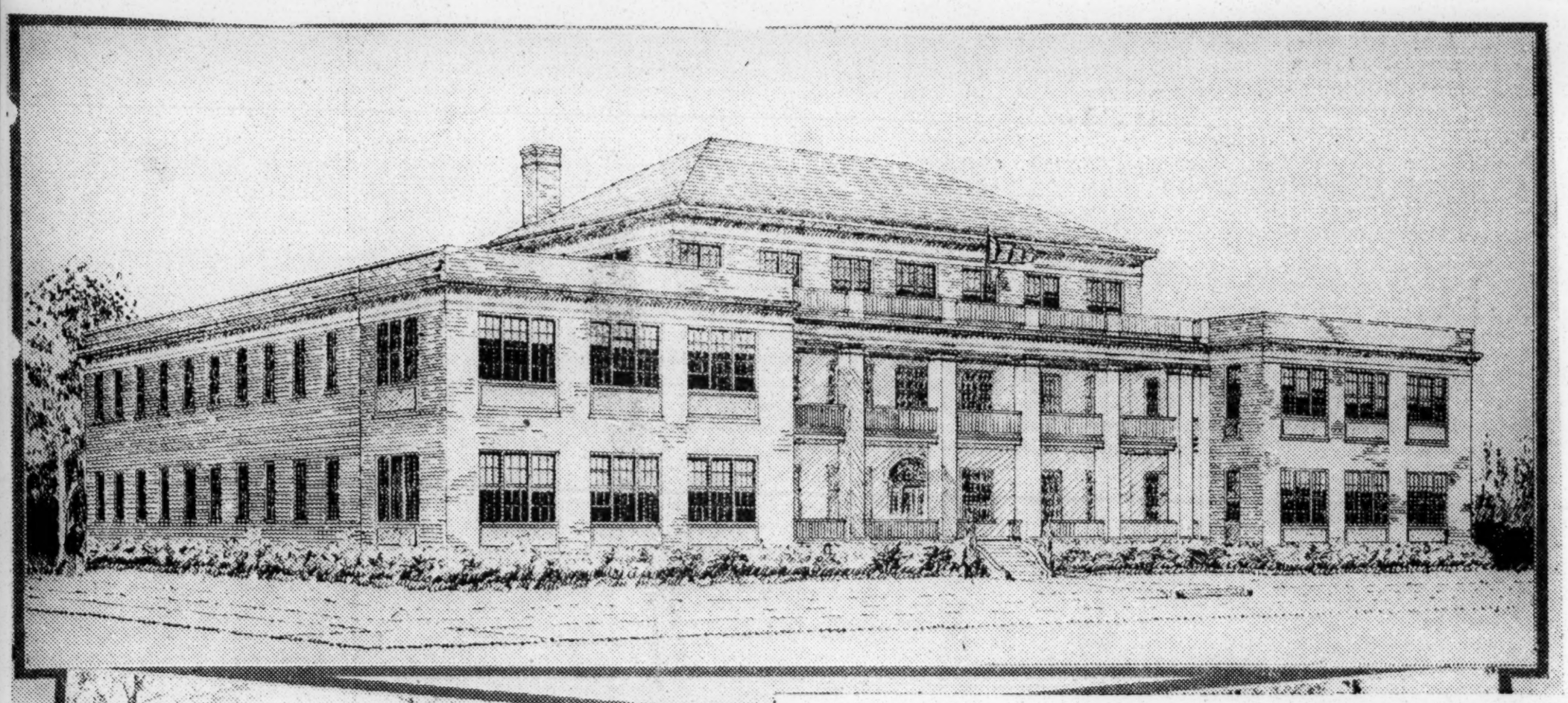

Above—The new Charity Hospital which will be dedicated Sunday afternoon. The picture shows the three unit building, the central and eastern units of which have been completed and will be occupied next week. Right—Dr. Alice Woodby McKane, now of Boston, Mass., who first conceived the idea of establishing the hospital. Left—The old building as it now stands, which will eventually be displaced by the west and last unit of the new building.

Atlanta, Ga., Journal
Sunday, February 22, 1931

GRADY'S STAFF PRAISED HIGHLY BY AUTHORITY

Secret Survey Completed by Hospital Association's Executive Secretary

TO REPORT TO BOARD

Dr. Caldwell Expected to Submit Recommendations

BY ALLAN TAYLOR

"Grady Hospital, as far as its operating personnel is concerned, and in so far as present facilities permit, is one of the finest municipal hospitals in the entire United States."

This tribute, rendered Saturday by Dr. W. Burt Caldwell, of Chicago, executive secretary of the American Hospital Association, is the first word given of results of a survey started last Wednesday by Dr. Caldwell on invitation of the newly appointed Grady Hospital commission, which will be reported in full to the commission Monday night, and doubtless will have much to do with the final findings of the commission appointed by Mayor Key to draw up recommendations for the operation and management of the institution.

Dr. Caldwell, internationally recognized authority on hospital management, has virtually completed his work here, with the result that Grady Hospital emerges from his inspection with a clean slate, and a plea by the distinguished visitor for greater local recognition.

Full details of his report will not be made public before presentation to the commission, but he let it be known that his investigation during the last several days has convinced him that the staff is accomplishing a splendid work for Atlanta.

Steiner Clinic Praised

"The Steiner cancer clinic is as good in every respect as any similar clinic in the country," Dr. Caldwell stated. "The negro wards of Grady are operated as well as any in the country, with one or two exceptions, and the white wards would rank well up with the best, all things considered. I think the operating staff is accomplishing a great deal, and I have nothing but praise for it."

"The important thing to remember about Grady is that some 12,000 persons are given medical treatment there each year, and between 2,300 and 2,400 babies are born there annually. The value of this work cannot be counted in dollars and cents' it deserves the united help of all Atlanta citizens. I do not believe Atlantians have fully realized just what the institution is accomplishing in spite of certain drawbacks."

"The benefits from contagious disease treatment and prevention of epidemics is incalculable. Physicians of the hospital staff are leaders of their profession. In addition, the city spends more than $500,000 each year on Grady and I believe, merely from this angle, citizens should be cognizant of how this money is spent and the results accomplished. It seems to me there should be a better understanding of the whole situation."

Dr. Caldwell declined to discuss what plant improvements are needed or what definite recommendations he would make. He took the position that his work is entirely professional and that he does not wish to appear as a public advisor, this phase of his report being for the commission.

Staff Earns Compliment

"I cannot help speaking a good word for the staff, however, as I think it merits recognition, particularly as reports concerning the hospital have been heard in a number of other parts of the country," he said.

Dr. Caldwell's presence in Atlanta results from a request by the commission for an expert to go over the hospital and give the commission advice. When it became known that Dr Caldwell would undertake the work in person, gratification was expressed by members of the body, who feel that his high standing lends an added weight to the recommendations. As executive secretary, he seldom does such work himself.

The meeting of the board will be held Monday night at 7:30 o'clock No announcement has been made by the chairman, Samuel C. Dobbs, as when definite recommendations are to be expected, and, in fact, the presence of Dr. Caldwell in Atlanta, was not known save by a small circle until Saturday.

Members of the commission are M Dobbs, Louis J. Elsas, Kendall Weisiger, John E. Smith, W. Eugene Harrington and Councilman J. Frank Beck. Mayor Key is an ex-officio member.

Vienna, Ga., News
Thursday, January 29, 1931

Aid Asked For School For Tubercular Negroes

To the Teachers in Colored Schools of Georgia.

Dear Co-Workers:

Perhaps you do and possibly you do not know tha tat Alto, Ga. there is now a State sanitorium for the treatment of Negro children suffering from tuberculosis. This sanitorium is open to Negro children from all sections of the state. Very few, if any, of these children being residents of Habersham County in which the sanitorium was located, the county does not feel called upon to provide school facilities for them. However, the State Superintendent of Schools has a fund for maintenance for such a school, but no provision has been made for a building and just here lies our opportunity.

As President of our Educational Association, I am asking your hearty cooperation in providing a small, but first-class school building for these unfortunate children. The plan is to ask every teacher of Negro youth in the state to make a small contribution—not more than 50c and every Negro child to make a contribution not more than 10c and even as little as one penny.

For their own good, I think we should make a special effort to have every child contribute. If it is impossible to give money, ask them to give two eggs or even one egg which the teacher can convert into cash.

State Supernitendent Duggan has refused to grant permission for collections from school children for many other causes but is in most hearty accord with this plan and will act as custodian of the fund and see that a first-class school house is built and properly equipped.

There seems no longer any doubt that tuberculosis, especially in children, can be cured and surely all of us will county it a high privilege to have part in making provision for the education of the children who are fortunate enough to be admitted to Alto.

It seems wise to make the collection all over the state on the same day and Friday, February 6th, has been decided upon to carry out the special program which has been sent to you. Make your collection that day and turn it over to your superintendent at once to be sent to State Superintendent Duggan.

I am sure Dr. Duggan will be pleased to learn that teachers, both as individuals and as county organizations, have agreed to make this project a one hundred per cent success.

Sincerely yours,
H. A. Hunt, President.

Hospital - 1931

Georgia.

Atlanta, Ga., Constitution
Tuesday, March 10, 1931

Placing of Grady White Unit Under Control of Emory Advocated by Dr. Hugh Young, Noted Baltimore Specialist

Leaders who took part in an informal discussion of state insanity problems Monday at the Biltmore hotel. Shown here, left to right, are Robert F. Maddox, banker and president of the state board of health; Governor Hardman; Dr. Hugh H. Young, noted medical authority and veteran head of the Maryland department of mental hygiene, and Dr. Robert Swint, of the state insanity hospital at Milledgeville. Others who were guests at the luncheon, given by Dr. Montague L. Boyd, of Emory, were Dr. R. H. Fike, head of the Albert Steiner clinic for cancer; Dr. Dan Elkin, professor of surgery at Emory University; Dr. M. K. Bailey, associate professor surgery at Emory; George West, past president of the Chamber of Commerce, and Major Clark Howell, Jr., business manager of The Constitution. Stiff photo by Bill Mason.

Deploring the situation at Grady hospital, where the white unit is not under control of the Emory medical department, Dr. Hugh H. Young, noted urologist and professor at Johns Hopkins, said in a statement Monday, following a lecture to medical students, that "medical students being trained to practice among white people ought unquestionably to be given access to the white hospital unit."

Dr. Young, one of the country's most eminent medical figures, is a guest speaker at the Southeastern Surgical Congress, before which body he will read a paper this morning. Monday morning he was invited to lecture to the junior and senior classes of the Emory medical school, at which time he was acquainted with conditions at Grady hospital. At noon Monday he met Governor Hardman and a group of prominent Georgians as guest of Dr. Montague L. Boyd, head of the Emory urology department, to discuss the problems of state insanity administration and control.

"I am told that five-sixths of the medical profession of Atlanta is educated at the Emory school of medicine and is now being trained entirely on negro clinical work, due to the Grady hospital control system," Dr. Young stated. "I am surprised that the citizens of Atlanta have not taken steps to rectify such an unusual situation.

Situation "Unheard Of."

"Trying to teach medicine with only negro patients available for clinic instruction is something unheard of and certainly should be changed if the best interests of the city at large are to be considered. Many diseases are found in white persons that are not found in the negro. It is impractical to instruct students, who later will practice among white patients, entirely on negro clinical cases. The 200 negro cases at Grady hospital are not enough for this work; that number, with the 200 white patients, would greatly improve medical training for those who later are to have charge of the health of the white community.

"Where it is required that the medical student make a case history of the patient, he can do so far more intelligently if the patient is white and is looked after by white nurses and attendants. It is my opinion that the situation ought to be remedied as quickly as possible by placing control of the hospital's white as well as colored unit in hands of the Emory medical department."

Dr. Young, who, aside from his practice as urologist and his professorship of urology at the Johns Hopkins University school of medicine, has served as head of the state mental hygiene department of Maryland for 23 years due to his high esteem as a civic leader, following his lecture to the medical students, was invited to discuss the care of the insane and feeble-minded with medical and civic leaders of the state.

"Insanity has been steadily on the increase," the doctor stated. He attributed this to the increase of emotional stress and complication of life and strain of living in modern civilization.

Eighteenth Amendment Scored.

"One of the notable factors making for the increase of insanity in America is the eighteenth amendment," the veteran head of the Maryland department said. "Prohibition has been a fearful mistake. It has caused more insanity and more deaths because, as a result of the eighteenth amendment, there is more liquor being drunk and this of a very inferior quality, particularly by the younger people. Also, more women are drinking strong liquor because they have been denied light wines and beer.

"The medical men of Maryland are in accord with Governor Ritchie in favoring home brew and states' rights in the handling of the liquor problem. The liquor problem ought to be sent back into the hands of the states, where it was so successfully handled before. The eighteenth amendment ought to be modified to abolish the saloons and to allow for distribution as provided for by the state within its realm."

Dr. Young praised the work that is being done for the state's insane at Milledgeville. "It is deplorable that this good work, being directed so expertly by the officials there, has to be handicapped by a great lack of funds.

"Occupational therapy, outdoor activities and social service work revealing the early cases of insanity and following up the treated cases, are the greatest factors for modern administration of the insane," he pointed out. "Funds ought to be supplied to the state institution that would enable it to have large farm areas, a social service system, and units not required to house more than about 3,000 patients," he said.

Dalton, Ga., Citizen
Thursday, December 31, 1931

Colored Women Want Hospital

About 400 colored women of this city are co-operating with Maggie Maxwell to secure a Negro hospital for Dalton. They have drawn a petition asking the city to help build a small hospital, or add a Negro ward to the Hamilton Memorial hospital.

The colored women have pledged themselves to buy a lot, if the city will appropriate the funds for a building. Dalton has a colored population of about 1,200, and the need of a hospital has been felt for a number of years. There is no provision made for treating Negroes in emergency cases in the local hospital, and the nearest ones are in Rome and Chattanooga. The petition asking the city for help in this direction will be brought before council at its next meeting.

Illinois.

Hospitals - 1931

Provident Hospital Handed Big Check

Chicago American
1-17-31

$500,000 from Hubert Estate Is Received

Chicago Defender
Jan. 24, 1931

CHICAGO — (ANP) — This city has a way of seeing things through:

The receipt of a check for $500,000 from the trustees of the Conrad Hubert estate by the Provident hospital and training school as part of the fund raised for Negro medical and hospitalizaton, recalls tc mind the campaign held about a year ago when gfts totalling more than $3,000,000 were subscribed This was headed by such splendid gifts as the General Education board $1,000,000 for a teaching fund; the Conrad Hubert estate, $500,000; the Julius Rosenwald fund, and Mr Rosenwald personally, $500,000; the public utilities interests, led by Samuel Insull, $200,000, and many other gifts. Three thousand Negroes subscribed a total of $200,000.

It was estimated that $250,000 additional would be needed to provide a community health service for the instruction of mothers in the care of children.

The Women's division under the leadership of Mrs. Andrew MacLeish and Mrs. Irwin Rosenfels has added over $50,000 in gifts to the $67,000 repored during the campagn. Included in the above is a memorial gift by Mrs. L. F. Gates which will provide a motion picture lecture room where talking pictures on health and hygiene subjects can be shown in connection with community health work. Another group is sponsoring a Fellowship memorial to the late Helen Castle Mead, ardent worker among racial groups and a member of the governor's commission during the race riots. Mrs. Mead was the wife of George Mead, professor of philosophy at the University of Chicago. Sponsors include Jane Addams, Mary McDowell, Mrs. H. A. Millis, Dr. Frank Billings, and many others from Boston, San Francisco, and Honolulu who were interested in Mrs. Mead's work among Negroes.

Ninety thousand dollars in gifts since the campaign has brought the total to an even $3,300,000. The Commonwealth fund of New York City has voted $100,000 from its current income, available when the total for the project reached $3,400,000 Validating this splendid gift insures the Community Health service for at least three years. It means than $100,000 is still to be raised.

Awarding A Fortune.

Sometime ago Conrad Hubert, an inventor, left a fortune to be used for caritable purposes. Clavin Coolidge, Alfred E. Smith and Julius Rosenwald were selected to decide the disposition of the money.

Four million six hundred thousand will now be distributed as follows: $500,000 each, Boy Scouts of America; Girl Scouts; St. Vincent's Hospital, New York; Provident Hospital, Chicago; Beekman Street Hospital, New York. $375,000, building for the New York chapter of the American National Red Cross. $250,000 each, Young Men's Christian Association, Jersey City; Jewish Mental Health Society, New York; National Committee for Mental Hygiene; Jewish Theological Seminary of America; New York University. $200,000, Children's Aid Society, New York. $175,000. Young Men's Hebrew Association, New York. $50,000 each, New York Foundling Hospital; International Migration Service. William and Mary College and the University of Virginia are each assured of $50,000.

A large number of those who accumulate wealth in this country provide for its being used to help others, which is very creditable. If every wealthy man would do the same it would help promote human happiness and the welfare of many. *

Paris, Ky. News
Friday, January 16, 1931

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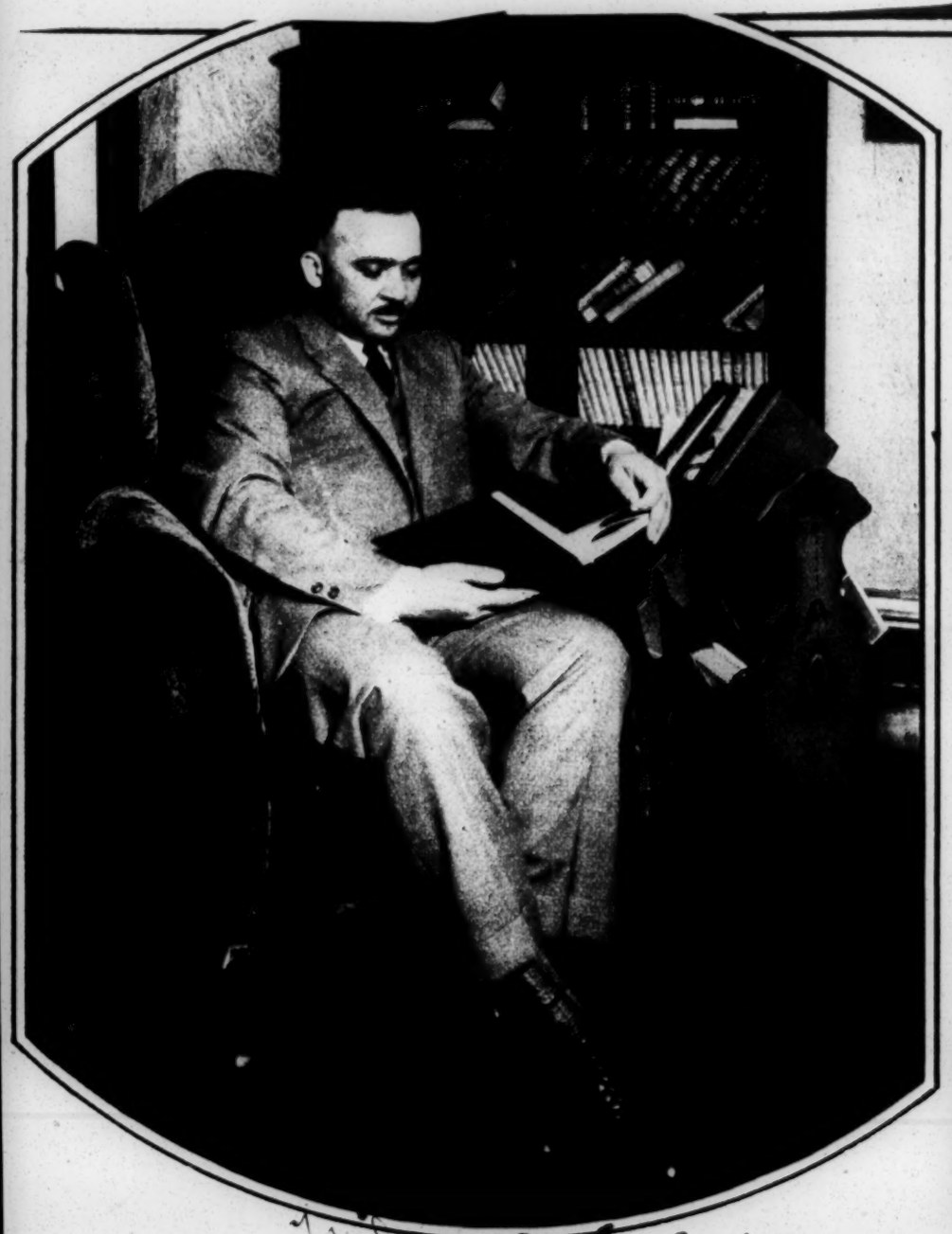
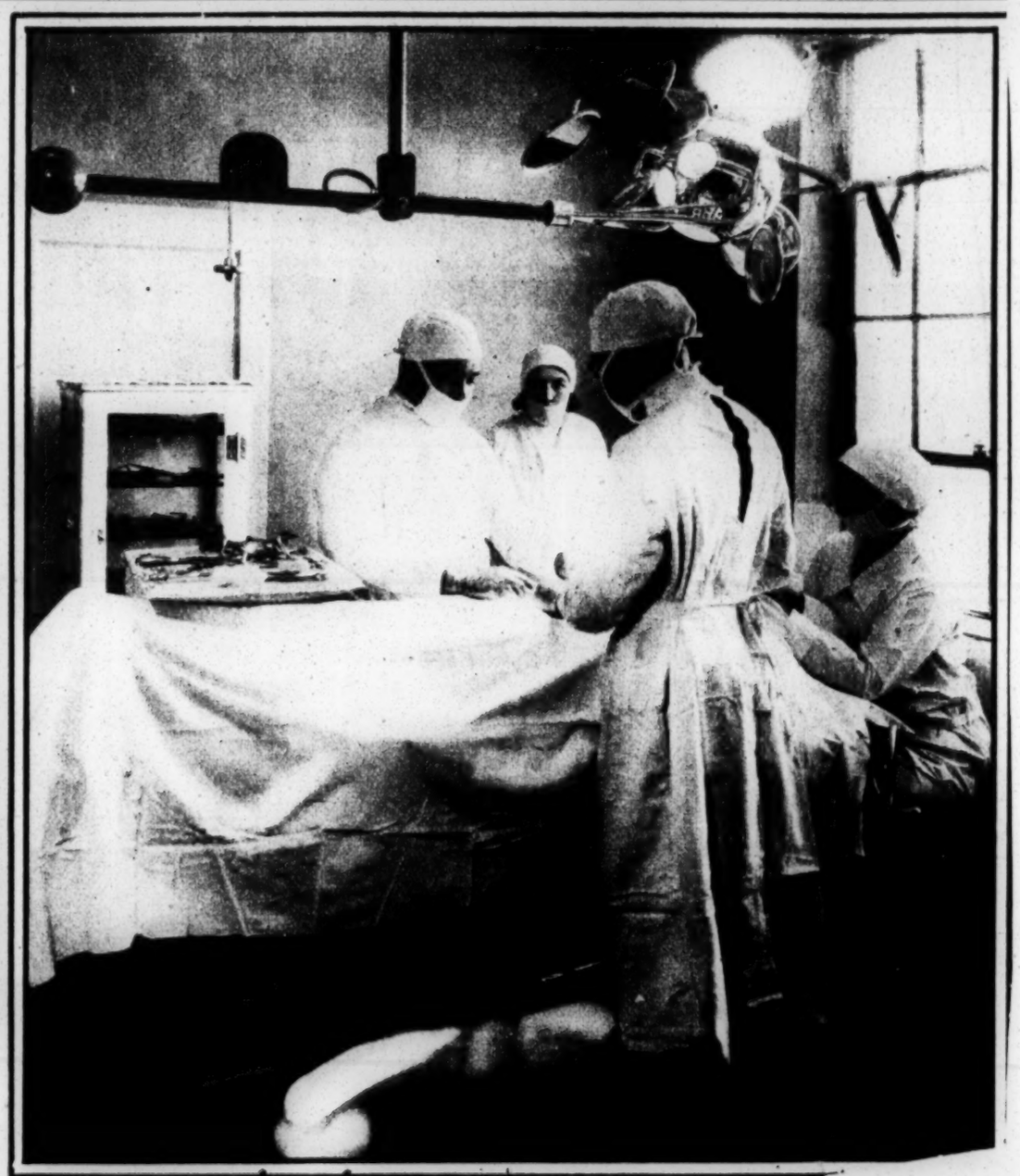
Hospitals - 1931





Indianapolis 8-8-31

Washington, D.C.

GARY, INDIANA, CELEBRATED ITS 25th ANNIVERSARY recently and set out a number ot achievements for other ctties to equal. Gary's Negro population has helped it to make progress. The accompanying photographs show one of the most ambitious projects in the thriving city. It is St. John Hospital, founded by Dr. Robert L. Hedrick, well known surgeon. The views reproduced are the hospital exterior; a portion of the library, with Dr. Hedrick seated, and Dr. Hedrick and his assistants performing a major operation. Photos by L. L. Foster

Hospitals- 1931

Indiana

A NEGRO HOSPITAL WOULD HELP BUT NOT SOLVE PROBLEM—DOEPPERS

Recorder 7-4-31. Indianapolis

OTHER PHYSICIANS—CITIZENS EXPRESS THEIR VIEWS ON THE PROPOSED PRIVATE MEDICAL INSTITUTION FOR INDIANAPOLIS—CONCENSUS OF OPINION IS THAT COLORED DOCTORS SHOULD HAVE AN OUTLET FOR TALENTS.

(By Staff Correspondent)

That a private Negro hospital would only help conditions but not fully solve the problem of insufficient colored hospitalization in Indianapolis was the opinion as expressed in a recent interview by Dr. William A. Doeppers, superintendent at the City hospital.

"I have been asked," said the City hospital head, "whether or not I thought a Negro hospital, if established, would eliminate conditions as they now exist in Indianapolis."

By Staff Correspondent

That a private Negro hospital—

"Such an institution would only serve to help the conditions, but in no way would it set aside the prevailing state of things."

"To provide a private hospital, owned exclusively and operated by and for Negroes," said Dr. Doepper, "would only function as do the Methodist, St. Vincent and other privately owned medical institutions in Indianapolis."

Dr. Doeppers also told of a visit to the City hospital by Dr. M. D. Batties, and of how the latter advised that Dr. Doepper write the White Staff Society asking that organization if it would be adverse to assisting Negro physicians until they became sufficiently acquainted with the situation to operate such an institution alone.

Dr. Batties Interviewed

A subsequent conversation with Dr. Batties on the much discussed question of establishing a hospital for Colored people in this city elicited several reasons why he is doing all he can to help provide a place where Negro physicians can have an outlet in particular fields. "Unless doctors have a hospital they can not keep a breast with the times," said Dr. Batties.

Following are a few of the more salient reasons why Dr. Batties is working to help establish a hospital for colored people in Indianapolis.

To provide a place where Negroes physicians can have an outlet in their particular fields, that Negro internes might be a possibility in the city of Indianapolis, and that an adequate nurse training school might be maintained."

According to Dr. Batties, he is hoping to obtain every possible cooperation in "the great task" which is just in its making.

Others Express Views

Several other Indianapolis physicians and citizens were interviewed on the proposed private hospital for colored people.

Dr. Homer L. Wales expressed himself to the effect that he was very much in favor of a private hospital but not as an excuse for conditions as they now are at the City hospital. Dr. Wales said however, that Negro physicians were not qualified to maintain and operate a hospital of their own.

Dr. Sumner A. Furniss, denied he knew anything about the ground work of the proposed hospital; "I knew nothing about the ground work of the proposed hospital," said Dr. Sumner A. Furniss, who added that "I have not served on any committee having anything to do with the affair."

There are certain Negroes, who will not be in favor of anything unless they can commercialize the situation," said Dr. J. B. Hankel, who observed that the whole affair might prove a failure because of certain motives."

"The time is not ripe to bother with the matter" observed F. E. DeFrantz, secretary of the Y. M. C. A. Among other things, DeFrantz also said that until the matter has passed its vulnerable stage it should not be interferred with."

Project Not A New One

Contrary to what may be the leaders belief, the proposed private hospital for colored people is far from being an absolutely new one.

Records show that the private colored hospital idea grew out of deliberations among the physicians during the annual convention of the Medical association in Indianapolis last year.

Want Support of City

Dr. Walsh. white, president of the American Medical Association and of the Indiana State Medical Association, and Dr. H. M. Green, of Knoxville, Tenn., president of the National Hospital association are being regarded as the brain of the private hospital proposition. Dr. H. L. Hummons, Dr. E. D. Moten, Dr. M. D. Batties, the Rev. H. L. Herod and F. E. DeFrantz are said to be among the local leading supporters of the proposed private hospital for colored people.

Promoters of the project are hoping that the city will co-operate with the private hospital as follows —By sending to the institution all overflow patients; and paying for each patient the sum of $3 per day; supplying the hospital with from thirty to forty patients weekly; City hospital staff performing all major operations; give medical advice when needed and advise administratively so as to maintain and raise the standard of the institution to meet the requirements of the Hospital association of America.

Hospitals-1931

Kentucky

Colored Hospital Opened Yesterday

(Contributed)

Doctor B. O. Moore, one of the leading colored doctors in Kentucky, opened Moore's clinic on the corner of Liberty and Fifth Streets, Friday. The hospital is built to accommodate six patents.

It consists of the doctor's main office, waiting room, an emergency room with an ambulance entrance. The x-ray room is equipped with modern equipment and a Dia-Thermy for all forms of electrical treatment. There is also a sterilization room which is commendable to any hospital and a diet kitchen.

The operation room has all necessary equipment that would be found in any hospital of the larger cities, alongside this equipment it contains a special lighting system for dark days and can be operated for six hours with its own power in case the city electric current is cut off and the patient may not suffer any inconvenience.

The Negroes of Hopkinsville, and of Christian County, should be proud of the step Dr. Moore has taken to supply members of his race with an up-to-date hospital with modern equipment. A colored hospital has been one of the most needed assets.

Many visitors throughout the evening called and offered their congratulations. Metcalf, florists, and other friends sent flowers as well as gifts for the hospital. Dr- and Mrs. Moore acted as host and hostess. They were assisted by members of the Pennyroyal Medical, Dental and Pharmaceutical Society, whose members are Drs. P. C. Brooks, P. Frazier, J. C. Hopkins, F. M. Taylor, and M. A. Melton.

Hospitals- 1931

Louisiana.

HOSPITAL AND SCHOOL IN PROJECT

Call 2-31

Approximately $2,500,000 To Be Spent on Health Center and "U"

Kinston Daily, Mar.

NEW ORLEANS, La.—(ANP)—After the passing of an ordinance Wednesday by the Commission Council granting a permit for the erection of the proposed new Dillard Memorial university for Negroes, an announcement was made by Edgar B. Stern, chairman of the board of directors, that the proposed new Flint-Goodridge hospital for Negroes, which is a unit of the educational institution and is, along with the university, part of the Rockefeller Foundation and Rosenwald Foundation, will be erected as soon as possible during the coming year on the site of the corner of Louisiana avenue and LaSalle street here. It is estimated that the hospital will cost approximately $500,000.

Preliminary plans for this structure have been completed by Moise H. Goldstein, local architect, American Bank Building, but it was announced by Mr. Stern that it will be several weeks before completed plans and specifications will be ready to be placed on the market for bids. The new Dillard Memorial university, for which preliminary plans have been prepared by the same architect will be erected the first part of the coming year on the site formerly known as the Rose Hill Burial park, facing Gentilly avenue near London avenue. This project will cost approximately $2,000,000. These two projects, the completion of which is anticipated before the end of 1931, are thought to have great significance in increasing both the educational and health standards of the colored community of New Orleans.

New Orleans, La. States
Monday, February 16, 1931

Negro Leaders Attend Dedication of Hospital

Prominent negro business men and civic leaders attended dedication ceremonies Sunday of the negro unit of the New Orleans Tuberculosis hospital in Gentilly. The Rev. H. H. Dunn was in charge.

Dr. J. A. Hardin was the principal speaker, commanding the civic-minded benefactors and the Misses Jean and Kate Gordon, who, he said, did much to make the hospital possible. Dr. E. T. Belsaw told attendants it was necessary to maintain the present institution and to foster similar institutions.

Other speakers included Miss Kate Gordon, J. B. Lafourcade, representative of the Louisiana Weekly; the Rev. R. W. Coleman, Rev. J. S. Morgan, Rev. D. A. Martinez, Rev. A. L. Lang and Rev. J. W. Lee. The negro band of the Municipal Boy's home, Professor Peter Davis directing, gave a concert.

NEGRO HOSPITAL DEDICATION HELD

Large Crowd Attends Rites at Orleans Tuberculosis Unit

Dedication of the negro unit of the Orleans Tuberculosis hospital in Gentilly Sunday afternoon at the hospital attracted a large crowd of negroes from various parts of the city. Among the speakers were Dr. J. A. Hardin, Rev. R. W. Coleman, Rev. J. S. Morgan, Dr. E. T. Belsaw, Rev. D. A. Martinez, Rev. A. L. Lang and Rev. J. W Lee

Rev. H. H. Dunn was in charge of the ceremonies and introduced the speakers. Dr. Hardin commended the civic-minded benefactors and the Misses Jean and Kate Gordon who, he said, were largely instrumental in making the hospital possible. Dr. Belsaw emphasized the necessity of maintaining the present institution and fostering similar institutions for the advancement of the negro.

Among other speakers were J. B. Lafourche, representative of the Louisiana Weekly, and Miss Kate Gordon. Music for the event was furnished by the negro band of the Municipal Boys' Home, with Professor Peter Davis directing.

Macon, Ga. News
Tuesday, March 10, 1931

Plans Are Complete For Negro Hospital

NEW ORLEANS, March 10. (UP) Plans have just been completed for the construction of the Flint-Goodridge hospital for Negroes at New Orleans.

It is estimated that the new hospital, a unit of the proposed Dillard Memorial university for Negroes, will cost $250,000.

The Dillard university, created through a merger of the Streight College and the New Orleans university, outstanding local institutions with the cooperation of the Rosenwald fund and the general educational board, will provide in New Orleans an educational center of note for Negroes.

Plans for New Negro Hospital

Plans have just been placed on the market for the construction of the Flint—Goodridge Hospital for negroes at Louisiana Avenue and Freret Street. It is estimated that this new hospital, a unit of the proposed Dillard Memorial University for negroes, will cost $250,000.00. Bids will be recieved at the office of Moise H. Goldstein, local architect, until March 19

The Dillard University, created through a merger of Straight College and the New Orleans university, outstanding local negro institutions, with the co-operation of the Rosenwall Fund and the general educational board, will provide in New Orleans an educational center and training facilities for negroes on a parity with any in the world.

Site for the negro university has already been acquired in the Gentilly section of New Orleans and construction is expected to start shortly after construction of the hospital gets under way. It is estimated that the new university will cost $2,000,000.

Saturday, March 7, 1931

New Negro Hospital

PLANS ON MARKET FOR NEW NEGRO HOSPITAL BUILDING

New Orleans, La.—Plans have just been placed on the market for the construction of the Flint-Goodridge Hospital for Negroes at Louisiana Avenue and Freret Street. It is estimated that this new hospital, a unit of the proposed Dilliard Memorial University for negroes, will cost $250,000. Bids will be received in the office of Moise H. Goldstein, local architect, until March 19.

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Site for the negro university has already been acquired in the Gentilly section of New Orleans and construction is expected to start shortly after the construction of the hospital gets under way. It is estimated that the new university will cost $2,000,000.

Marksville, La., News
Saturday, March 7, 1931

Plans on Market For New Negro Hospital Building

Plans have just been placed on the market for the construction of the Flint-Goodridge Hospital for Negroes at Louisiana Avenue and Freret Street. It is estimated that this new hospital, a unit of the proposed Dillard Memorial University for negroes, will cost $250,000. Bids will be received in the office of Moise H. Goldstein, local architect, until March 19.

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ENLIGHTENMENT IN THE SOUTH.

Cage 4-4-31

The announcement in a recent issue of the New Orleans Times-Picayune, that a contract had been awarded for the construction of a new hospital, is a much needed provision for the Negro race. It is a sign of progress and enlightenment, gratifying to find in that section. The building to be erected include the hospital building, nurses home and laundry of the Flint-Goodridge hospital, to form a part of Dillard University. The total cost of the work will be about four hundred and forty-five thousand dollars.

New York City, N.Y.

The hospital will have a capacity of ninety beds, with a complete out-patient department, with waiting and treatment rooms, and X-ray department. The nurses' home will provide for more than fifty beds and teaching rooms. The present Flint-Goodridge hospital is said to be doing notable work in its training school for nurses, and this increased accomodation is expected to double its capacity for greater service. Accommodation for the resident internes will be provided in the main building.

This provision for the sick and suffering of the race on such a large scale and with the latest improved equipment for the treatment of disease is an innovation that speaks with no uncertain note as to the growth of enlightened self inter-

est in the South in the welfare of the Negro race. The thinking people of both races have come to see that the concern of one is the concern of the whole community. Especially is this true of the ravages of disease, where the spread of an epidemic cannot be limited by division of territory or distinction of color. The only way is to make adequate provision for the treatment of both races when disease threatens. This principle should also apply to public instruction, as ignorance is almost as fatal in its effects as disease.

Negro Hospital To Be Built In New Orleans

The new $445,000 hospital being built in New Orleans for the benefit of the negro population will be four stories in height and will have a capacity of 90 beds, with provision made for extension of the main building so as to increase the bed capacity when needed.

As soon as work on the hospital is definitely underway, contract for the Dillard Memorial University, to cost approximately $2,000,000, will be awarded.

Negro Hospital at New Orleans to Cost $445,000

New Orleans, La.—Close in the wake of the start of work on the new modern five-story Feibleman-Sears, Roebuck & Co. department store has come the announcement of the awarding of contract to Geo. J. Glover Construction Co., New Orleans, for immediate construction of the new Fline-Goodridge Hospital, representing a total cost of $445,000.

This new hospital, a unit of the Dillard Memorial University, will be built at Louisiana Avenue and LaSalle Street for the negro population of the city. It will be four stories in height and will have a capacity of 90 beds, with provision made for extension of the main building so as to increase the bed capacity when needed. Plans were drawn by Moise Oldstein.

As soon as work on the hospital is definitely under way, contract for the Dillard Memorial University, to cost approximately $2,000,000, will be awarded.

Hospitals.-1931

Maryland

PROVIDENT FACES THIRD YEAR'S WORK HERE

1-3-31

Baltimore

Hospital Has Treated 14,101 During Last Year

The report this year will show that the institution has assets of $367,446.16, including is plant and equipment. It is now rated as one of the best Negro institutions in the country. Its total disbursements for the past year were $113,923.58.

547 Operations.

A total of 547 operations of various kinds were performed in the institution during the past year; 231 of these were in general surgery, 278 were major and 255 were in the minor class.

While the hospital is prepared to take care of both pay and free patients, a large number of those who enter the hospital pay little or nothing for the service rendered them. During the past year, for instance, there were 1,042 free patients as against 453 who paid part or all of their fees.

With a total of 14,109 cases on its records as a result of two years' work, the new Provident Hospital is about to face its third year's work.

Of this 14,109 cases in all departments, 3,159 were resident patients in the wards. In addition there were 10,000 accident cases and 950 people were served in the dispensary.

Cost $223,448.

The cost of treating these 14,109 patients reached the sum of $223,448.99, accordnig to reports on file at the institution. The patients themselves paid but $43,856.21 of this amount, the books show.

Although the hospital is facing its third year with assurance that its future financial problems will be solved, it has been by no means smooth sledding for the institution.

Unpaid Pledges.

One of the biggest problems the officials in charge of the institution have had to face was that of unpaid pledges. When the big financial drive which preceded the opening of the hospital closed, there had been a total of $336,659.33 subscribed. Of this amount the whites subscribed $161,553 while that subscribed by the group was $175,106.33.

Naturally officials planned their program of operation of the institution on the belief that a substantial amount of this money pledged would be paid in during the two year period of payment.

Have Fallen Short.

While the whites had paid on November 25, 1929, a total of $140,525.80 of their pledges, the payment of colored pledges had totaled but $62,643.06. In other words the whites had paid all but $20,977.20 of their pledges while the colored people still owed $112,463.27.

This tremendous shortage in pledge money fell like a cloud over the hospital for a while, and but for the hard work and careful administration of its board of directors, the consequences might have been disastrous.

Unpaid Hospital Bills.

Another item which has been a drain upon the resources of the institution has been a big item of unpaid hospital ward bills. The November, 1930, report shows that there had to be written off this year $4,780.18 due from patients. The report also shows there has been a gross loss during the past year of $91,489.60..

In the free dispensary from the time it opened in February to September 1, there had been 943 patients served.

Interneships.

One of the chief aims of the hospital has been to give expert professional practice training to internes. Another major part of the program was the offering of opportunity of specializing on the part of local physicians.

When the hospital opened it gave places to members of our group in the following positions: superintendent, assistant superintendent, resident surgeon, assistant resident in surgery, resident in medicine, assistant resident in medicine, resident in pathology, resident in obstretrics house anesthetist, laboratory technician, pharmacist, x-ray technician and physician in training, seven interns, superintendent of nurses, assistant superintendent of nurses, full time intructress, dietitian, operating room supervisor, six supervising graduate nurses and fifty pupil nurses.

Dr. Jackson Ends Period.

That the process of preparation of a competent staff of Negro medical men to man the hospital is being worked out, has been more and more in evidence. Starting in co-operation with a medical board of white professional men with reputations as being leading medical men of Johns Hopkins, but with international reputations, the hospital enjoyed a rare privilege which few white institutions enjoyed.

After five years of service as resident surgeon and medical superintendent of Provident, for instance, Dr. Robert L. Jackson has been given certification of training as surgeon as the first man to rise to the top in the instituiton.

Dr. Jackson has worked along with the experts of the medical staff, and expressed his opinion of them as follows in a letter to Dr. H. M. Green, president of the National Negro Medical Association:

"I am convinced that the consultant staff of white men have given their experience and time to this institution in the highest professional form. I cannot praise too highly the efforts of such men as Drs. Finney, Fisher, Miller and Sprunt. Contact of our men with this group is bound to mean a lot to human welfare throughout the country."

Visiting Staff.

There are sixteen colored physicians on the visiting staff. Members of the executive board are anxious that members of the group bring up their end of the bargain to give Baltimore one of the best medical centers in the country.

The Rosenwald Letter

Afro-American

2-7-31

The open letter of the Manhattan Medica Association to President Embree of the Rosenwald Fund denying the need of separate hospitals for Negroes in the North is ethically unanswerable.

No one, least of all Mr. Rosenwald, whose friendship is real, can afford to take the stand that hospitals and medical schools should be closed or opened to doctors, nurses, and patients because they are colored.

Baltimore, Md

The contention of Dr. Louis Wright, who drafted the letter, is professionally sound. What America needs is not colored doctors or white doctors but doctors for humanity.

Disease has no color line; why should medical training or medical treatment have one?

Dr. Wright and the Manhattan Medical Association are also on fair ground morally. Color segregation is indefensible. No man can hatefully shut another out and yet claim he is his brother's keeper.

Equality is sharing the identical thing, not setting up something "just as good."

Dr. Wright was born in Georgia, but there is little of his native state in the open letter to the president of the Rosenwald Fund.

Hospitals-1931

New Hospital Opens Doors in Motor City

DETROIT, Aug. 1.—Filling a need in hospitalization among members of the Race in Detroit, the doors of the Bethesda Maternity hospital was thrown open for the inspection of the public Sunday and Monday, Aug. 2 and 3.

The Bethesda Maternity hospital is located at 544-6 E. Garfield Ave., between St. Antoine and Beaubian Sts. It is practically in the center of the large Race neighborhood that has been continuously moving north. As it is just a block south of the cross-town car lines on Forest Ave., it is accessible to all parts of the city.

The new hospital is a two-story building with nine large rooms upstairs and seven on the main floor. Each room has an outside exposure and contains from two to three beds.

One of the features of the hospital is the heating and cooling system that has been installed. The system will assure an even temperature at all seasons.

The delivery and operating rooms have been furnished with the latest and best equipment. All of the other departments are as well equipped for the giving of good service.

The Bethesda Maternity hospital is the brain child of Dr. A. E. Thomas, successful physician and business man of Detroit. Dr. Thomas has been a practicing physician for 28 years, graduating from Meharry with the class of 1903. Associated with Dr. Thomas is Dr. H. C. Owens, one of the outstanding physicians and surgeons in the Middle West. Dr. Owens is a graduate of Meharry medical college of the class of 1917 and for six years was interne and resident surgeon at the old General hospital in Kansas City, Mo., and No. 2 hospital at St. Louis.

These men have surrounded themselves with an efficient staff of specially trained persons to head their respective services. The staff personnel will be, general medicine, Drs. J. M. Thomas, R. E. Banks, J. J. Bargyh, J. P. Thomas, W. A. Thompson, F. G. McBroom and A. E. Thomas; surgery, Drs. D. T. Burton, C. G. Constable, J. J. McClendon and S. H. C. Owens; obstetrics, Drs. George Bundy and J. P. Young; eye, ear, nose and throat, Drs. J. L. DeLoney and J. J. Rucker; gynecology, Drs. S. H. C. Owens and C. G. Constable; pediatrics, Dr. O. L. Barland; urology and proctology, Dr. C. C. Ames; raentgenology, Dr. Robert Greenidge; diseases of the chest, Dr. Rupert C. Markoe; laboratory technician, Dr. J. T. Thomas Jr.; consultants, Drs. S. W. Rushing, C. C. Strickland, L. S. Stafford, O. W. James, F. E. Dawson, J. W. Ames, R. B. Bell and Charles Green, and dental consultants, Drs. Haley Bell, L. E. Green, J. Orr, Spann, Rainwater and O. A. Stewart.

HOSPITAL GETS HIGH RANKING

Dunbar Hospital In Detroit Meets Standard of American College of Surgeons.

DETROIT, Mich., Oct. 29—At the annual meeting of the American College of Surgeon and Hospital Standardization held in New York City, Oct. 12 to 15, Dunbar Memorial Hospital, Detroit, Mich., was accepted as meeting the standard requirement of the American College of Surgeons.

Dunbar Memorial Hospital has the distinction of being one of the few institutions of its kind owned and operated by members of the Colored Group, with a medical staff consisting of 23 leading physicians representing every branch of medicine and surgery.

The hospital consists of 67 beds, medical director, training school, one resident physician, three interns and with a full time anethestist; department of roentonology and pathoolgy.

A total number of 2,463 patients were treated at Dunbar for 1930, with a death rate of 1.93 per cent.

Hospitals – 1931

HOSPITAL HIT IN SURVEY REPORT

Inefficiency and Untidiness Found by Committee at General No. 2

The health and hospital survey, made for the Chamber of Commerce, contains besides this report on the Negro hospital, discussions of health in all of its phases. Subsequent articles will take up other details of the survey.

Kansas City's Negro hospital, General hospital No. 2, is given thirty pages in the Health and Hospital Survey made public by the Chamber of Commerce last week.

Dr. W. F. Walker, who with a corps of six experts made the survey, is very severe in his condemnation of some conditions he found there. He concludes with recommendationns which he divides into two classes:

Under "administrative," he recommends (1) Improvement in administration calling for the centralization of authority in the superintendent; (2) Arrangement whereby authority is designated in the absence of the superintendent; (3) Improved medical service for the psychopathic patients; (4) Improvement of medical organization involving greater participation by staff members; (5) Improvement of out-patient service; (6) Addition of 6 graduate nurses to the staff; (7) Eliminate crowding.

He recommends three items of new construction, a nurses home, new isolation quarters and X-ray film storage. He asks for better quarters for the psychopathic patients.

Building "Untidy"

The survey finds fault with the building as planned and points out the particulars in which it needs improvement; namely, the dark inadequate quarters for the psychopathic (insane), patients, the unventilated morgue and the general crowded condition of the hospital due in part to the use of one floor for nurses' quarters. It asks further that the number of inmates taken be decreased to the point where each will get the best service and get well quicker.

Strong language is used in describing the upkeep of the building, its "general untidiness and lack of good housekeeping" making "a bad impression on the visitor."

Not Well Organized

After saying the superintendent is supposed to give only part time to the hospital, it says "The departments of the hospital are not well organized," it adds that "The superintendent cannot be held responsible for the conduct of the institution if the employes are not directly responsible to him." To remedy this the survey after telling the changes of personnel made, says the superintendent should be chosen on qualifications and retained as long as his work proves satisfactory. It denounces political control.

Plenty of Employes

On a typical day, Oct. 20, 1930, the hospital held 137 patients with 158 employes serving them, 30 per cent more employes than the city's white hospital. This number the survey says indicates that with intelligent planning the hospital should be well conductd. Twenty-one of these employes receive more than $1,000 per year.

The lack of trained men in the out-patient department is dealt with in strong language. The survey next condemns the present scheme of medical organization with doctors bearing responsibility where others do the serving. After telling the excellence of the equipment, it comments: "Modern equipment has been provided for diagnostic work, but it does not seem that full advantage is being taken of these facilities." More dental service and provision for physical therapy are recommended, also sewing, knitting and other activities for men and women bed patients.

Missouri

ST. LOUIS HOSPITAL CROWDED

Patients Are Being Turned Away As 200 Beds Are Accommodating 457.

ST. LOUIS, Mo., Feb. 19.—(CNS)—The St. Louis City Hospital and Isolation Institution is crowded beyond capacity, Dr. Curtis H. Lohr stated, Wednesday.

Patients were being turned away at both institutions, he said, because of overcrowded facilities. The Negro hospital, which has a normal capacity of 200 beds, has 457 patients. Beds have been crowded into the corridors in this institution.

At the Isolation Hospital, which has a 225 bed capacity, there are 288 patients. This institution, which houses persons suffering from contagious diseases, yesterday had 116 cases of scarlet fever, 60 patients suffering from measles, 65 afflicted with tuberculosis, 19 diphtheria patients, 8 cases of erysipilas, 4 cases of meningitis, 2 cases of whooping cough, 7 patients with typhoid fever, and a similar number with the chickenpox.

FOUND WANTING

General Hospital No. 2, because of conditions peculiar to Kansas City, is the health haven for an unusually large number of people. Therefore the community will learn with regret that a disinterested investigator who recently evaluated the public and private health agencies here and reported his findings to the Chamber of Commerce, condemned conditions in this hospital. His report, summed up, says "The Negro hospital shows evidence of a lack of advice by a competent administrator." Who dares to say The Call has a personal grievance when it asks that this hospital be for the sick and not for the politicians?

THE JEWS TAKE HIGH GROUND

The Jews of Kansas City have completed their hospital and dedicated it to serve "all who suffer." It is a noteworthy achievement because of the large outlay of money for its building and equipment, and doubly so because of the spirit with which it is to operate. The Jews have been such generous givers to all charities that many persons felt it a privilege to share in their Menorah hospital. Now they are fully repaid for their good will by the broad humanity to which its sponsors dedicate it.

Forgiveness, the turning of the other cheek, love of God and of the man, are cardinal tenets of religion. But too often they are of the mouth only, and are not extended to our Jewish friends any more than to Negroes. Yet forgetful of this scorn which has been their portion for centuries on both sides of the Atlantic Ocean, they have set us all an example of tolerance in their dedication of this building. Only deliberate unfairness can belittle such resolution as they exhibit in doing good.

ST. LOUIS TO HAVE NEW $2,000,000 HOSPITAL; WORK BEGINS ON DEC. 1

ST. LOUIS, Mo., Oct. 14.— According to announcement coming out of the city's chief engineer of bridges and building office, work on the c2,000,000 hospital for colored people will begin on or about Dec. 17. This action came after a delayed controversy lasting more than two years during which time there was much dickering as to the most advantageous site.

Drawings for the new hospital call for the main building, consisting of a central building and tfo ward buildings, joined wing-like on either side, service buildings, a nurses' home and superintendent's quarters. A nurse home and the superintendent's quarters will be omitted, it was said since only $1,000,000 will be available for the present.

The structure when completed will cover most of the two blocks bounded by Kennerly and St. Ferdinand avenues on the north and south, and Whittier street and Goode avenue on the east and west. The site co the city $300,000.

Hospital May Secure Long-Held-Up Bequest

KANSAS CITY, Mo.—(ANP)—Both Wheatley, Provident Hospital and the children's clinic who are named as beneficiaries under the will of the late Harry Wilson Loose will receive their allotment within 30 days if cousins of the dead man do not take their case to the United States Supreme Court in an attempt to break the will, according to trustees of the estate last Monday.

According to the original provisions of the will Wheatley Hospital was to receive $1,500 a year in installments of $125 per month. The children's clinic was to receive $5,000. So far the hospital has received $375 and the clinic $1,249.88. Payments were held up for almost two years pending the action entered by Mr. Loose's cousins in an attempt to break the will.

Mr. Loose, who came to Kansas City in 1882 was one of the founders of the Loose-Wiles Biscuit Co. Of the $350,000 accumulated income for Kansas City charities, the Wheatley-Provident Hospital and clinic are the only Negro agencies participating.

Hospitals-1931

Nebraska

NEBRASKA CITY, NEB
NEWS-PRESS

FEB 17 1931

The Safety Valve

February 14, 1931

Editor,
Nebraska Daily News-Press,
City.
Dear Sir:

Let's try to get straight on this question of the color line in Veterans' Bureau Hospitals. In a recent issue of your paper you printed an editorial suggesting that such a color line existed, apparently referring to the case of William Smith. In your issue of February 12 you printed a letter from Dr. L. H. Webb, medical officer in charge of the Veterans' Bureau Hospital at Lincoln, Nebraska, stating that no application had been made to him for hospitalization of this patient, denying that the color line is drawn in the admission of patients to the Veterans' Bureau at Lincoln, and further stating that applications to that institution are made through the Regional Office of the Veterans' Bureau at Omaha, Nebraska.

The facts are as follows:

The writer was Service Officer of Adam Schellinger Post No. 8, The American Legion, at Nebraska City, from October, 1929, to October, 1930. Prior to August 21, 1930, I secured the necessary application blanks for government hospitilization for William Smith. These application blanks were completed during my absence on vacation by Mr. Lloyd E. Peterson and were forwarded by Mr. Peterson to the Regional Office of the United States Veterans' Bureau at Omaha on August 21, 1930.

Under date August 25, 1930, a letter from the Regional Manager of the United States Veterans' Bureau at Omaha was addressed to and received by Mr. Peterson asking us for a further medical statement. This letter contained a statement that beds were not at that time available for Negroes from this area. This letter is not at hand as it was forwarded to Dr. J. A. Lanspa, not now in this city.

On September 17, 1930, a second letter was received by Mr. Peterson signed by the Regional Manager referring to the further information requested and containing the following paragraph:

"While the bed situation, so far as Negroes are concerned, is no better than at the time of our last communication, this information should be forwaarded to us so that there would be no delay when a bed is available."

The further information requested by the Regional Manager was forwarded to that office September 24, 1930.

Failing to get government hospitalization for Mr. Smith, application for State Aid Relief was made on his behalf on October 9, 1930, and such relief was promptly furnished as it had been on previous applications.

Dr. Lanspa, upon recommendation of the County Commissioners, obtained admission of Mr. Smith to the University Hospital at Omaha on August 27, 1930, where he remained until September 5.

On December 3, Smith was again admitted to the University Hospital and remained there until December 8.

On January 12, 1931, I conferred personally with the Regional Manager and with the Chief Medical Officer of the Omaha Regional Office of the Veterans' Bureau, at which time the Regional Manager and the Chief Medical Officer gave me detailed information relative to the hospitals in which colored patients were received. The hospital at Lincoln was not mentioned as one of the hospitals receiving colored patients. It was stated to me that all hospitals receiving colored patients had waiting lists and that beds for such patients from this area were not available at that time. In that conference it was suggested to me that possibly admission of Mr. Smith to the National Military Home at Fort Leavenworth could be obtained and the Medical Officer promised to send me application blanks. He promptly complied with this promise.

On January 16, 1931, I wrote to the Regional Office of the Veterans' Bureau at Omaha advising that Mr. Smith could not travel to the Military Home without an attendant and transportation, and asked if same could be furnished by the Veterans' Bureau. The same information was requested in my letter to the Regional Office, dated January 21.

A letter to me from the Regional Manager of the Veterans' Bureau dated January 22, 1931, contained the following paragraphs:

"The idea of having him seek admission to the Home is a substitute for his application for admission to a Bureau hospital due to the fact that we have no beds available for colored patients.

"When seeking admission as a beneficiary of the Home, the transportation from Nebraska City to the Home will have to be furnished by the Home as the veterans' bureau is without authority to furnish transportation in such instances."

A letter from the Regional Medical Officer to me, dated January 24, 1931, also advised that the Veterans' Bureau could furnish neither transportation nor an attendant and further advised that transportation would have to be obtained from the Military Home.

Under date January 27, 1931, I wrote to the Regional Manager a letter containing the following paragraphs:

"If this man were hospitalized in a Veterans' Bureau Hospital, he could be furnished transportation and an attendant. By reason of the fact that he is a Negro such hospitalization is not available. The Veterans' Bureau, therefore, rules that he must be denied not only Veterans' Bureau hospitalization but also transportation and attendant. Now it seems to me to stand to reason that if he is entitled under the law and existing regulations to (1) Veterans' Bureau hospitalization, and (2) transportation and attendant, that he ought not to be denied the second benefit by reason of the fact that the first is not available.

"People in this town keep telling us that the government took the Negroes in the army as readily as the white men and it is hard to explain to anyone why this man should be permitted to rot at home simply because his skin is black."

A letter from the Regional Manager to me in reply to my letter of January 27, 1931, and dated January 31, 1931, contains the following paragraphs:

"Hospitalization of a heart disability which has never been deemed to be a result of military service is not a right but a privilege and is dependent upon there being a bed available for the veteran's use. As we previously stated, due to the fact that we have no bed available for this case at the present time, the suggestion was made that he apply for admission to the National Military Home at Leavenworth, Kansas, to which he can be admitted as a beneficiary of the Home as an honorably discharged soldier. His admission will not be on the basis of a Veterans' Bureau beneficiary, but as a beneficiary of the Home.

"The Veterans' Bureau is without authority to furnish transportation in connection with a man's admission as a beneficiary of the Home. The National Military Homes are government activities separate and apart from the Veterans' Bureau."

A day or two prior to Mr. Smith's death, arrangements had been completed to admit him to the University Hospital a third time, but his death prevented his admittance.

Dr. Webb's statement to the effect that no application had been made to him for the hospitalization of William Smith is not disputed. It is nevertheless, true that application was repeatedly made through the proper office of the Veteran's Bureau, and that his admission was denied by reason of the fact that he was colored.

The local officers of the Adam Schellinger Post No. 8, the American Legion, have repeatedly secured State Aid Relief for this veteran and with the cooperation of the County Clerk, County Commissioners, and County Attorney of Otoe County, have repeatedly secured his admission to the University Hospital at Omaha for short periods of treatment. The County Soldiers Relief fund also gave continuous assistance. The public is entitled to know that our organization and officials of Otoe County have done everything in their power to relieve distress in this case. It should be added that Smith was cared for as a patient at St. Mary's Hospital from April 4, 1930, to May 10, 1930, without charge.

It should be further noted that, as appears in the columns of the News-Press reporting Dr. Webb's address to Legionnaires of the 13th District at the convention held in Nebraska City on January 12, 1931, Dr. Webb stated the capacity of the Veterans' Bureau Hospital at Lincoln to be 216 patients, and that on that date the hospital was caring for 25 patients.

Yours truly,
V. E. TYLER.

Hospitals-1931

NEWARK, N. J.
CALL

JUN 21 1931

ANOTHER HOSPITAL NEED

Hospitalization is one of the big problems confronting Essex county and every modern community. Costs of the public institutions are constantly rising and private hospitals report deficits with dismaying regularity; nevertheless the price for being ill is still unbearably high for most persons. The Hospital Council has pointed out some of the causes of the increasing financial stress and the Board of Freeholders has, from time to time, given serious study to the possibility of more county aid for the private institutions.

There is another aspect of the problem and one that seldom comes to the fore. That is the question of hospital facilities for Negroes. A survey conducted for the New Jersey Urban League shows that practically all the hospitals in this vicinity will give ward service to Negroes, but few will accept them as patients in private or semi-private rooms.

What is still more important, there apparently is no hospital in the whole state that permits Negro doctors, internes and nurses to serve on its staff. There are fifty or more Negro physicians in the North Jersey area alone, according to the Urban League, which declares that only one of them (in Jersey City) has any official hospital connection.

Some leaders of the colored race insist that Negroes, as taxpayers, are entitled to have equal privileges with whites, at least in public institutions, and they say there should be hospitals with mixed staffs and treating both white and colored patients on an equal basis. Harlem has such an institution and so do some other communities with a large Negro population.

Whatever the best solution may be, it is indisputable that if Negro physicians, internes and nurses are to be at all efficient they must have access to modern hospital facilities and methods. Here is a problem worthy of study by the friends of both races.

New Jersey

TO THE COLORED CITIZENS OF THE STATE OF NEW JERSEY

Herald Newsmaterial

NOV 10 1931

GREETINGS

Subject: A Community Hospital.

For several years, at various intervals, sporadic ,half-hearted attempts have been made to establish a hospital for our group in this state. These efforts, with one exception, have always gone to naught, till in 1927 the Kenney Memorial Hospital was created by one individual, after unsuccessful attempts were made to make it a group enterprise. During this period it has been the means of the following activities: Three thousand and eight bed patients have been treated; 589 surgical operations have been performed; 117 babies have been born; an out-patient free clinic has been established at which 242 patients have received treatment during 612 visits.

It has given employment to thirtyfour graduate nurses, five secretaries and stenographers, four medical graduates, sixty-nine non-professional workers. It has paid in cash to physicians for various services in connection with its professional activities $2,648.95, and to its employees $35,749.27.

It has paid every dollar on its nearly $24,000.00 inventoried equipment, and is amortizing its building mortgage by monthly payments in keeping with its contract. It has never defaulted in a single payment. A bank loan of $15,000 on an open note, without endorsement for building purposes, has been paid to the last dollar, principal and interest, eighteen months ahead of the time stipulated for settlement. We have never gone to a church or other organization or individual and asked for a dime. We have never asked the city, the county nor the Community Chest for a penny, nor have we received one.

These are facts and figures that we think the public should know. However, the most important thing that this hospital has done is that it has indisputably demonstrated the necessity for such an institution here. It has, further, shown the possibilities for the existence of such an institution. It has even verified the conviction that groups of colored people can cooperate for specific purposes. Examples: Our Women's Auxiliary, composed of 200 loyal women of Newark and surrounding municipalities, has been a pillar of support from the beginning and is yet going strong. Our out-patient free clinic, with a staff of twelve Negro physicians, cooperatings and holding monthly staff meetings, has had much to do with the present movement for a bigger and better hospital. Fifty-eight physicians have referred or brought patients into this hospital for treatment. Whenever we have called for for professional help from our physicians, they have always responded, and some of them have cheerfully volunteered assistance.

In spite of the above brilliant elaboration, one thing else which this hospital has demonstrated is that it has not, does not, cannot meet the existing demands. The practice of modern medicine requires not only a hospital, but a group of medical men and women who pool their professional knowledge in order to get the best results for their patients. No one of us, however brilliant, is competent to cover the entire field. Therefore, it is necessary for a large group of physicians to cooperate in the conduct of a well-managed hospital.

Again, a hospital is an expensive institution. No individual among us has enough money singlely to properly finance such an enterprise. The great mass of our people are poor, and unless the hospital is financed from some other source, many of those who need its benefits most have to be turned away. In spite of the amount of charity work we do, almost daily by heart bleeds because we cannot accommodate some deserving individual.

NOV 10 1931

This is another reason why the private hospital cannot meet the needs. Not only must there be a group of physicians for best professional results, but there should be an interest on the part of all the citizens in order to give it the proper moral and financial support.

For the benefit of that small, persistent group who yet say that there is not nede for a hospital for our people, I want to present a few facts. The claim is made that we are taxpayers and voters, that our money helps to support the existing hospitals, and that instead of exerting ourselves for a hospital of our own, we should fight for places in the other institutions. The spirit of the age is for amity, brotherliness, good-will and mutual helpfulness between the races. The pistol-toter is taboo. Instead of suspecting every stranger as an enemy, we should regard him as a friend. We desire and expect to produce this hospital by the interracial way, the way of the old and the new Provident Hospitals of Chicago, the John A. Andrew Memorial Hospital of Tuskegee, the Freedmens Hospital in Washington, the new Flint-Goodrich Hospital of New Orleans, the Wheatley Provident Hospital and the General Hospital No. 2 of Kansas City, Mo.; the Mercy Hospital of Philadelphia, the L. Richardson Memorial Hospital o fGreensboro, and scores of others. I am charitable enough to believe that these statements and their like are made because the individuals are misinformed. For their information, let me say that during the present year I, working under and with the Interracial Committee of Montclair, have visited Cleveland and Chicago in a study of hospital conditions; have sent out 100 letters and questionnaires to leading physicians in twenty-four states, twelve Northern and twelve Southern, receiving eighty replies. I have sent special questionnaires on the subject of facilities for Negro patients, doctors, internes and nurses to all of the twenty-five hospitals in Essex County. It is after such a canvass as this, plus a great amount of study and thirty years of active hospital and professional experience, that my conclusions have bzeen reached.

In this county nearly all the twenty-five hospitals are of a private or semi-private nature; that is, they have been created and are managed and controlled by groups of private citizens, and are not the property of the government, therefore they are not in politics, and our votes do not count in connection with them. Exceptions, of course, the the City Hospital in Newark, the Isolation Hospital in Soho, the Hospital for the Feeble-minded at Overbrook, and the institutions for tubercular patients at Verona and Glen Gardner.

Therefore, if we desire to wage a political fight, it must be against the City Hospital. Assuming that we do so and win, what do we get? Ward service for our indigent sick. We have that already. Two or three physicians on the staff, two or three internes and a few nurses. If we could get that, it certainly would be a fine thing and is worth having. But what about all the other doctors and internes and nurses? Some of us are used to privacy in our homes, and when we go to a hospital we want the use of a private or semi-private room. We don't want to be in a ward with fifteen, twenty or thirty others. But there are no private rooms available at the City Hospital. The service is all charity and therefore it is all ward service.

Our canvass shows that only an occasional one of the other hospitals will admit one of our group to a private or a semi-private room. It shows further that while the organic law of the state requires that a doctor must spent at least a year as a hospital interne before he is licensed to practice his profession, there is no hospital in the sovereign State of New Jersey that admits a Negro interne, or that will train a Negro nurse. There are only three Negro physicians in this great state who are granted positions on the staffs in any capacity in the hospitals.

These are unpleasant facts, but they are facts, and, pleasant or

unpleasant, we must face them. My Negro friends, how can those of us with one ounce of good red blood chasing through our veins sit supinely and helplessly by and hear such an ignominy? I thank heavens that some of us have at last resolved not to do so any longer. A group of interested and earnest colored physicians and citizens, with the support of some white friends, have for several months been persistently working on this matter till we have now reached the stage of permanent organization for a hospital here in .ewark.

The question is frequently asked: How are we going to finance it? Our answer is that there never was a will that was strong enough but that a way was found. In an address at the City Temple before the graduating class of the Green Cross Nurse Association in June, I said: "If you tell me that money is preeminent over mind, I'll tell you that you lie. Money is merely the tool to do its master's (the mind) bidding."

In today's (October3) Newark Ledger, Robert Quillan says: "The greatest physical force in the world is an idea. It has more power than all of the engines created by man—more sheer brute strength than the winds and the tides."

My friends, we have the idea, and if it is sufficiently strong within us, and I believe it is, no power on earth can prevent its taking form.

There are a few of our group who can, and if their patriotism and race consciousness are sufficiently aroused, will give $1,000, $500, $250, $100, $50, $25, but the bedrock of this enterprise will be the dollar-dime campaigns. This hospital will be a people's institution and we want and must have thousands of the people represented by their contributions, however small.

The Lord helps those who help themselves. We must go to this enterprise with a will of our own, a will to conquer, and when it is demonstrated that we are really in earnest, friends will come to our rescue. There are many members of the white race who will be glad to help because matters of health are not confined to race. The fact that Negroes in Newark in 1930 died of tuberculosis four and one-half times as rapidly as the whites is everybody"s problem.

Our board of directors will be composed of white and colored citizens. Our professional staffs will be composed of the best white and colored physicians and surgeons. At a recent meeting, Rev. John Martin, superintendent of St. Barnabas Hospital, and Mr. Frank I. Liveright, president of Newark Beth Israel Hospital, pledged us the support of the best doctors on their staffs.

While this institution will be created primarily because there is no such place for our gr[illegible] in this state, no patient will be turned away because of race, color or creed. With such a board, such a staff, and such an institution brought into being by ourselves, with the aid of our white friends, for our needs, we fail to see even the shadow of Mr. James Crow.

The officers already elected are Attorney George A. Douglas, president; Mrs. Grace Baxter Fenderson, vice president; Mr. Thomas L. Puryear, executive secretary of the New Jersey Urban League, secretary; Mr. Thomas E. Russ, treasurer; with an executive committee of from twelve to twenty outstanding citizens, professionals and laymen.

Under this leadership we believe that the movement is headed for a successful termination.

We plead for your whole-hearted cooperation and support. With it we cannot fail.

Yours for a Community Hospital.

[illegible]
of t[illegible]
have [illegible]

Named on Staff of Hebrew Hospital

Afro-American

DR. JOHN A. KENNEY

NEWARK, N.J.—Dr. John A. Kenney, president of the Kenney Memorial Hospital here, was appointed to the medical staff of Beth Israel Hospital, one of the noted hospitals of the country, last week. 10-12-31

Dr. Kenney's appointment makes a total of four staff positions in public and private hospitals held by colored doctors in the entire state.

The Kenney Memorial Hospital has been in existence here since 1927 and has lately become the nucleus about which a colored community hospital is being organized. Chronicle

Dr. Kenney is editor of the journal of the National Medical Association, a member of the North Jersey Medical Society and the Essex County Medical Society, secretary of the National Hospital Association and of the American Medical Editors and Authors Association. He holds license to practice in Virginia, Alabama, Michigan and New Jersey.

Kenney Appointed To Staff Of Jewish Hospital

Journal

NEWARK, N.J.—(ANP)—Dr. John A. Kenney, outstanding physician of Newark, was appointed recently to the staff of Beth Isreal Hospital of this city. His recognition points to an advance in the status of the Negro physician. It has been particularly difficult for Negro physicians in this section to secure the opportunity to practice as members of the staff of hospitals of standing other than conducted by their own group. Beth Israel, while a Jewish institution, is recognized as being one of the foremost hospitals of the section. 10-25-31

Dr. Kenney who is active in the affairs of the National Medical Association, having been editor for many years of the journal of that organization, was for twenty years medical director of the John A. Andrew Hospital at Tuskegee, where he built up a nation wide reputation.

Hospitals - 1931

DISAGREEMENT DULLS INTEREST IN ITS SURVEY

Journal and Guide

Politics Blamed For Rejection Of Rosenwald's Gift

1-10-31

By LESTER A. WALTON

NEW YORK, N. Y.—Failure of Negro physicians to accept with unanimity and hearty accord the proposa that the information bureau of the United Hospital Fund, New York, ascertain the additional needs in Harlem for hospitalization of private and pay patients has deadened the active interest and enthusiasm previously manifested by the Julius Rosenwald Fund which sponsored the contemplated survey. Disagreement among local members of the medical fraternity proved a most potent anesthetic.

Should the fund in the future find it advisable to give further attention to the problems of health in Harlem it will be after its medical officers have convinced themselves that there exists a more pronounced spirit of harmony and concord among the 150 physicians than at present, it has been authoritatively reported.

The Julius Rosenwald Fund co operates only where substantial suppor is given by Negroes themselves. Th fund does not attempt to create institutions of its own but gives stimulus and help in the building up of schoo and health agencies and welfare activities by those properly responsible for them.

When representatives of the fund invited physicians of the community to operate in the making of a survey they encountered two distinct and definite reactions. The Manhattan Medical Society curtly turned down the proposition, professing to see in its intent the promotion of a Negro hospital in New York. The cry of "Jim Crow" was loudly raised and the organization's members subscribed to the views made public that the municipal government amply provides for the hospitalization of its sick, regardless of race or color. The Harlem Hospital was pointed out as a shining and notable example of the enjoyment of equal opportunity by Negro physicians and patients.

The North Harlem Medical Society acted favorably on the invitation extended by Dr. D. L. Harris and Dr. Michael Davis of the Rosenwald Fund, avowing that such a survey would be valuable in the amassing of information concerning the Negro physician, his training, his accomplishments, his opportunities for postgraduate training and the extent to which he made use of these opportunities.

Subject Debated For Three Years

Dr. Peter Marshall Murray, president-elect of the National Medical Association, a national organization of race physicians, dentists and pharmacists, and until last week president of the North Harlem Medical Society, readily admits that the indigent poor are well taken care of. He has nothing but praise for the service rendered by Harlem Hospital. But he maintains that the Rosenwald Fund did not have in mind this type of patient but those with sufficient funds to enter private institutions. The combined capacity of the three hospitals of this caliber in Harlem for Negroes is but seventy-five beds.

The opinion is freely expressed that the injection of politics has been responsible for the rejection of the Rosenwald proposal by one group and its acceptance by the other. The appointment of race physicians to the visiting staff of Harlem the first of the year created a schism within their ranks. This was widened when those sympathetic toward the hospital management withdrew from the North Harlem Medical Society and formed the Manhattan Medical Society. There are physicians not affiliated with either faction.

Adequate provision for the Negro race has been a major subject for the last three years. Of such magnitude did it appear to the National Medical Association that the National Hospital Association was launched, with Dr. H M. Green of Knoxville, Tenn., as its president. In 1928 Dr. Algernon B. Jackson, head of the department of health and hygiene, Howard University, made a survey of Negro hospitals in the South and in some cities of the North under the auspices of the American Medical Association. He visited 165 institutions—private and public.

The Rosenwald Fund, while giving attention to certain aspects of health with respect to reducing the mortality rate of all races, has been especially interested in the problem of Negro health, having cooperated in the support of Negro public health nurses and the development of hospitals which would offer not only facilities for care of the sick but also education and practical experience for race physicians, internes and nurses.

Fund Has Done Much for Negroes

The fund's most outstanding piece of work in this field has been its important role of interesting the public in the $3,000,000 campaign successfully conducted for the New Provident Hospital, Chicago, now affiliated with the University of Chicago. This institution was founded by Negroes thirty-nine years ago. Through the efforts of Mr. Rosenwald $500,000 was subscribed by the Hubert estate. The fund gave $250,000, and it is understood that Mr Rosenwald made a large personal gift.

On Tuesday, Dec. 23, Edwin R. Embree, president of the Rosenwald Fund, was principal speaker at the formal dedication of the new $150,000 nurses' home erected by Mercy Hospital, Philadelphia, Dr. Henry M. Minton, superintendent. The fund gave $30,000 toward the home, which is one of the most modern and complete in the country.

The fund subscribed $25,000 and John D. Rockefeller another $25,000 to the building fund of the Provident Hospital, Baltimore, which was opened in 1928. Each gave an additional $35,000 for maintenance. In recent months the Rosenwald Fund has made appropriations to enable Negro health nurses to be appointed in sixteen counties in Arkansas, Tennessee, North Carolina, Mississippi and Louisiana; has made gifts to St. Agnes Hospital, affiliated with St. Augustine's College, Raleigh; the L. C. Richardson Memorial Hospital, Greensboro, and Charity Hospital, Savannah. In order that a comprehensive study be made of Negro sickness, health and hospital facilities in the state by the Tennessee Department of Health $30,000 has been appropriated.

New York.

IMPROVED MEDICAL SERVICE.

The announcement that Dr. Rudolph Rapp has been transferred to Lincoln Hospital after many years of service at Harlem Hospital, affords an opportunity to record public appreciation of his faithful service at the latter institution. Dr Rapp has given some eighteen years to city hospital service and has acquired a fund of experience that has equiped him to deal with most any emergency. His term as Assistant General Medical Superintendent at Harlem Hospital was marked by many renovations and changes for the better of the service.

Harlem Hospital has played an important part in the opportunities afforded for Negro physicians to obtain training in a city institution. The experiment of having physicians of the race in this hospital, where so many of the same race are treated as patients, has met with pronounced success. There was an almost absence of friction in the early stages of the experiment and after four years, there is to be found a greater degree of cooperation among the internes and staff members than was thought possible by some of those concerned. 1-10-31

In promoting all progressive measures for the improvement of the service and in meeting every emergency fairly and squarely, Dr. Rapp has proved a valuable force at Harlem Hospital. His transfer to another city institution is fortunate, in that it retains him as a member of the city's medical staff, whose skilful training and long experience qualify him for further service in the war against disease.

New York City

NAT. MEDICAL ASS'N PRESIDENT SEES NEED OF IT

Politics Blamed For Prevention Of Rosenwald Effort

Norfolk Journal and Guide

1-17-31

Special To Journal and Guide

NEWARK, N. J.—The following statement on the controversy caused by the recent refusal of Harlem medical men to accept the offer of Julius Rosenwald to have a survey of hospital needs in New York for Negroes, was issued here by Dr. W. G. Alexander, general secretary, for the National Medical Association:

"Much publicity has been given to the report of a recent meeting in New York, at which a proposition presented by a representative of the Rosenwald Foundation was unceremoniously and perhaps discourteously rejected.

"While the New York doctors, of a particular medical organization may have been convinced, by some specious argument, that they did not favor the proposition, yet it does appear from all newspaper reports, both daily and weekly, that the rejection was made in a most discourteous and professionally unbecoming way. Practically all of the newspapers laid stress on the fact that there was a blatant, braying communication from a Negro political leader, and this communication, from a layman, who happens to be lawyer and a politician, seems to have been all-powerful in actuating medical men in what is fit and proper for their own best good; and this communication, with its high sounding, demigogic, braggadocia, lends inconvertible support to the contention that the recent unpleasant situation, at Harlem Hospital, was entirely political in its genesis and growth.

"The published communication stated that those at the meeting, plus the political dictator, objected to a Negro hospital in Harlem. It is rather peculiar how Negroes like to deceive and jolly themselves at times. It would be fine for these anti-segregationists to publish the proportion of white and Negro patients treated at Harlem Hospital. It is charged that segregation of Negro patients at the Women's Hospital and in at least one ward at Bellevue, a city institution, is now in effect.

Principle Versus Practice

"The principle involved in segregation is a very fine one, but it is doubtful if very many of the opponents of the proposition are actually living out their antagonism to segregation. As a matter of fact, every single one of them lives in and promotes segregation every day.

"The Negro physician should fight unceasingly for his full rights in civic institutions, but the time is here when the Negro, himself, must offer some concrete results of his own ability. There have been and there will always be evidence of exceptional individual proficiency; the great mass of Negro physicians, however, need a sympathetic atmosphere in which to develop their fullest possibilities. Backed by a record of group achievement, which cannot be explained on the ground of "an exceptional person" we can then, more succesfully storm the citadel of prejudice and take and hold our deserved places in all institutions.

Why Negroes Suffer

"The Negro medical man is suffering from the lack of hospital opportunities and if he waits until the great principle of segregation is settled fairly and squarely to get his opportunity he will be so far behind medical progress that no one will recognize him as a medical man.

"Even if Harlem Hospital is an eighty per cent black and tan institution, it does not begin to afford the opportunities necessary to one-half of the Negro medical men in Harlem; and it certainly does not, even remotely, approach the problem for proper hospitalization for 250,000 Negroes, many of whom, daily, pay for hospital service in other city hospitals.

"For the past five years, the National Medical Association and the National Hospital Association have labored unceasingly and bent all of their energies to help in the proper solution of the all important question of hospital and clinical opportunities for Negro physicians, internes, and nurses, and have succeeded to a remarkable degree in the effort.

Evidence Of Progress

"Evidence of the solid progress is had in the awakening of interest in all circles, white and colored, in this problem, and the improvement in hospital opportunities is shown in the Negro personnel at the Veteran's Bureau Hospital in Tuskegee and constructive developments in Chicago, Illinois; Raleigh, North Carolina; Greensboro, North Carolina; Savannah, Georgia; Baltimore, Maryland; New Orleans, Louisiana; Knoxville, , Kentucky; Philadelphia, Pennsylvania. These efforts have changed the entire outlook for professional development for 4,000 Negro physicians, and the greatest force responsible for this welcome change is the Julius Rosenwald Fund.

"It therefore becomes necessary to state certain facts and the relation of the National Medical Association to the recently rejected developments in Harlem. The Negro medical profession and the Negro public are entitled to know them.

The Facts Stated

"1. The proposition, as thus far developed, concerned only the fundamental consideration, as it invited the cooperation of Negro medical groups and men to lend support and assistance for a survey of the hospital-clinical and health factors of Harlem—to determine their assets and liabilities.

"2. The Harlem Hospital adequately meets the need of the indigent poor; therefore, this movement was directed to helping the people not wishing charity to find adequate hospital service at a modest price and thus maintain their self-respect.

"3. This hospital program would include not only an adequate plant for the hospitalization of semi-private and pay patients, but also opportunities for postgraduate work. In addition to this, the institution would be a great health center, within which would develop and from which would emanate health work and health programs for mitigating and minimizing community

morbidity and mortality.

"4. There are three existing institutions in Harlem, financed and supported by Negro physicians, seeking to fill the need. In these institutions, last year, more than 500 persons paid an average of $5.00 per day for the privilege of having their own private physician attend them. Philanthropic support would have enabled these institutions to have rendered this service more adequately; indeed, the consolidation and assistance of these institutions was a possible outcome of this effort.

The Present Situation

"5. Today, the physicians benefiting by experience gained in Harlem Hospital, have now no place where the patients in their private practice can get the benefit of this experience, except in these three inadequately equipped struggling institutions.

"6. The National Medical Association, through its constituent member, The North Harlem Medical Society has heartily endorsed and offered every member assistance to the proposal.

"7. The Manhattan Medical Society the organization, which so vehemently refused cooperation, is not affiliated with the National Medical Association and consists almost entirely of Negro members of the staff of Harlem Hospital, or those who hope to be members of this staff. Narrow and demigogic Negro leadership in partnership with self-seeking politicians, has served to set the Harlem Hospital against the organized Negro medical profession.

"In order to be a member of the Harlem Hospital, resignation from the North Harlem Medical Society, a constituent member of the National Medical Association, and affiliation with the Manhattan Medical Society, are compulsory.

Peculiar Situation

"At the present time, therefore, it is not possible to be a member of the National Medical Association and the staff of the Harlem Hospital at the same.

"8. To state that there is no need in New York for such a hospital and to infer that the city of New York can and will take care of every sick Negro in New York, is to show an abysmal ignorance of the very fundamentals of hospital philosophy, which demands adequate care for every sick person at a price within his means.

"The City of New York makes one provision, and rightly so, for hospital service to members of any race who are able to pay.

"The hospital proposition, for Negroes, is one of the gravest and most acute that Negroes have to contend with, and every Negro physician and every well informed layman, should give his earnest attention and undivided support to the solution of this great problem. We are unable and unwilling, very largely as Negroes, to solve this problem for ourselves; and if it is going to be solved, we have got to consider the humanitarian Negro professional development phases of it and accept the assistance of those who are able to solve it.

Dr. Peter Marshall Murray, president-elect of the National Medical Association, in an address before the Congress on Medical Education, Medical Licensure and Hospitals, of the American Medical Association in Chicago, February 1930, proposed what has been widely accepted by responsible officials of the American Medical Association, American Hospital Association, and other interested organizations and individuals, as a logical, reasonable and workable solution of the Negro Hospital Problem:

"1. The removal of restrictions against Negro physicians as staff members in public hospitals.

2. The establishment of, or development of model hospital units in key centers of Negro population in this country.

Need Model Hospitals

"In cities with concentration of Negroes, the solution of this problem, as it effects the Negro, who is able to pay for his hospital care and who deserves the right to choose his own physicians, and as it effects the whole problem of continued education thru full staff opportunities and postgraduate opportunities under sympathetic and competent auspices, seems to lie for the present in the establishment or development of model hospitals units to serve this particular need.

"Dr. Edwin R. Embree, president of the Rosenwald Fund, in an address at the recent dedication of new buildings at Mercy Hospital, said, unless one is ready to sacrifice the education of the Negro Medical profession, he must favor the building up of, at least, a reasonable number of hospitals where Negroes may have the best facilities for caring for their patients and may keep in touch with modern medical practice.

"A completely equipped hospital of about 150 beds, in Harlem, with private and semi-private accommodations at a price within the reach of people with moderate incomes, measuring up to each standardized requirement, serving an ambulance district, with a staff of men of both races, open to white and colored alike, is imperatively needed to meet the local Harlem situation.

DOCTORS PUSH FIGHT ON NEGRO HOSPITAL

New York Times

Thirty Harlem Physicians Call Rosenwald Plan "Jim Crow in Spirit and in Fact."

1-30-31

FUND HEAD IS ASSAILED

New York, N.Y.

Open Letter Tells Embree His Heritage Precludes His Being Fair to Race.

In an open letter to Edwin R. Embree, president of the Julius Rosenwald Fund, Chicago, about thirty Negro physicians, members of the Manhattan Medical Society, reiterated yesterday their protest against the establishment of a Negro hospital in Harlem and declared that "the Rosenwald hospitals are Jim Crow in spirit and Jim Crow in fact."

The fifteen-page letter, drafted by Dr. Louis T. Wright of Harlem Hospital, was adopted unanimously early yesterday morning at a meeting held at 2,370 Seventh Avenue after many hours of discussion and protest against "Jim Crow projects under a misguided sense of philanthropy."

The letter asserted that there was no personal resentment against Mr Embree and that the Rosenwald Fund was not accused of insincerity, but that its program was harmful for the Negro as a race, and that Mr. Embree, being a Southerner, could not be qualified to be fair to the Negro.

While criticizing the Julius Rosenwald Fund for having "stimulated and advanced tremendously the separation of the Negro race from all other races," the letter also took Dr. B. C. H. Harvey, dean of the medical faculty of the University of Chicago, severely to task, demanding his removal for his reported assertion that interneships for Negro students could be served only in Negro hospitals or general hospitals with many Negro patients.

"We should say," the letter continued "that Dr. Harvey should be removed at once as dean of medical students. He is un-American in his sentiments, attitude and written word. Such a man should not hold a position in the teaching of medicine, which is one of the humanities.

"At this point we would like to interject that Mr. Rosenwald is a trustee of Chicago University and it seems pertinent to inquire if he thus endorsed the segregation of Negro doctors in the medical school of this university. Such segregation is wrong."

The letter, characterized by some of the Negro physicians as "even too mild," said that the Negro doctor needs simple justice, "no more, no less. He has no peculiar needs and therefore requires no special or unique arrangements" and continued in part as follows:

"You did not mention, Mr. Embree, that Mr. Rosenwald has not, as far as we know, advocated the segregation of Jewish students at the University of Chicago and the sending of Jewish students to Jewish hospitals for their clinical clerkships and interneships.

"Many 'white friends' contribute to Jim Crow projects under a misguided sense of philanthropy. But when they do so they do not benefit the race but in fact unwittingly aid in doing it irreparable harm. Segregated hospitals represent a duality of citizenship that is wrong in a democratic government.

"We maintain that a Jim Crow set-up per se produces a sense of servility, suppresses inspiration and creates artificial and dishonest standards. We submit also that the Julius Rosenwald Fund has contributed in no small way to this unsatisfactory state of affairs.

"In spite of your slogan to the contrary, Mr. Embree, the Rosenwald hospitals are Jim Crow in spirit and Jim Crow in fact, and they establish in the minds of the white doctor and citizen a superiority complex, and they also establish in the minds of the colored doctor and colored citizen an inferiority complex. These two complexes obstruct clear thinking and militate against mutual understanding and mutual self respect."

HARLEM PHYSICIANS REJECT ROSENWALD'S HOSPITAL PLAN

Chicago Defender 2-7-31

[Chicago Defender Press Service]

NEW YORK, Feb. 6.—That Harlem doctors are determined not to accept the Rosenwald Jim Crow hospitals was evidenced strongly in an open letter sent to Edwin R. Embree, president of the Rosenwald fund.

At an all-night conference members of the Manhattan Medical society decided that the "Rosenwald hospitals are Jim Crow in spirit and in fact."

The 15-page open letter, which was drafted by Dr. Louis T. Wright, a member of the medical board of Harlem hospital, was passed on by the executive committee of the society. Dr. Ralph Young moved that the letter be sent to Embree and his motion was seconded by Dr. E. P. Roberts, a former member of the board of education.

Chicago See

When Dr. James L. Wilkins, president of the society, called for a vote the 30-odd physicians present voted unanimously for the sending of the letter.

Dr. T. H. Amos, as well as some of the other members present, asserted that there was something sinister in the attempt to shunt Race medical students out of general medical colleges and into Race institutions of medical learning. They voiced the declaration that this would set us apart and discriminate against us as no other racial group is discriminated against.

The letter asserted that there was no personal resentment against Mr. Embree and that the Rosenwald fund was not accused of insincerity, but that its program was harmful for us as a race, and that Mr. Embree, being a southerner, could not be qualified to be fair to the Race.

While criticizing the Julius Rosenwald fund for having "stimulated and advanced tremendously the separation of the Negro race from all other races," the letter also took Dr. B. C. H. Harvey, dean of the medical faculty of the University, severely to task, demanding his removal for his reported assertion that interneships for Race students could be served only in Race hospitals or general hospitals with many Race patients.

"As far as the public knowledge is concerned, the activity of the Julius Rosenwald fund has been essentially to establish and to widen the establishment of Negro institutions and hospitals. You deny segregation theoretically, but in fact the Julius Rosenwald fund has stimulated and advanced tremendously the separation of the Negro Race from all other races. We further feel that in the North the Julius Rosenwald fund has stimulated the segregation of the Negro, particularly with respect to health and education."

Hospitals-1931

New York

International Hospital Completes First Year of Service to Community With Splendid Record of Self-Help

2-21-31

New York Amsterdam News

February 15, 1931 marked the first anniversary of the opening of International Hospital at 2348 Seventh avenue, in the building which was formerly the Dr. Vincent Sanitarium.

During the past year, the hospital has admitted 373 patients, averaging more than one a day, thirty were obstetrical and seventy-three were medical cases. There were 207 surgical cases, and 197 operations have been performed by surgeons attached to the hospital staff.

The building is ideally suited for its purpose, having been built specially as a sanitarium, and there are ward rooms of five to seven beds each; semi-private rooms with two beds, and private rooms with one bed. Fifty beds are available. Each is an outside room with hot and cold running water, individual nurse signals, bright and dim ceiling lights and telephone connections.

The Consulting Staff

The consulting staff is composed of some of the most distinguished men in the medical world. Dr. Philip Schmahl is the medical consultant; Drs. Walter G. Crump, Earl H. Eaton and Alexander Kaye, surgery; Dr. Anson H. Bingham, orthopedic surgery; Dr. Raphael Lewy, industrial surgery; Dr. Ralph J. Levy, obstetrics; Dr. Horace E. Ayers, gynecology; Dr. John Pangburn, urology; Dr. Jeremiah Simonson, pediatrics; Dr. Morris K. Silberman, dermatology; Dr. Edward S. Munson, eye, ear, nose and throat; Dr. W. E. Youland, pathology; Dr. Wallace B. House, psychoneurologist.

The attending staff is headed by Dr. Leo Fitz Nearon, who is at present a major in the Medical Corps, 369th Infantry, N. Y. N. G., a physician and surgeon of high standing and long practice in the community. Dr. Rudolph Fisher, X-ray specialist, is acting superintendent, and Dr. George E. Haynes is acting president of the hospital board of directors.

The Nurses Staff

A capable nursing staff is maintained, all being registered in the State of New York. Miss Claudia Magahee is supervisor, and her assistants are: Miss Dorothy Jenkins, administrative supervisor; Miss Dorothy Bailey, surgical nurse; Miss Nancy Trent, night supervisor; the Misses Oleatha Smith, Edith Junior, Helen Carter and Sadie Steiner, floor nurses.

The board of directors is now planning expansion of the attending staff to the point that a greater amount of clinical work can be accomplished, thereby adding to the hospital's value as a community health center. The hospital's policy is absolutely non-partisan, and professional controversies are not allowed to interfere with its program.

The hospital has been approved by the American Medical Association as a registered hospital, and during the past year has maintained a condition of self-maintainence. About one-third of its patients have been Caucasians.

The operating and maternity rooms are adjacent; both are finished in sanitary olive-green tile, and posess the best lighting and operating equipment.

Lay And Medical Group

2-21-31

The X-ray laboratory embraces all the recent advances in diagnostic service, and the hospital is equipped with adequate physio-therapy apparatus.

The hospital is made up of a group of both lay and medical members who raised the money necessary for taking over the property for hospital purposes. The institution is not operated primarily for profit, but is an attempt to supply the community with first-class hospital facilities for people of limited means. In accordance with this object, charges are based upon the financial ability of the patients. A limited number of operative cases are taken at regular ward rates with no charge for operations by members of the staff.

The hospital committee personnel is as follows: Lay members— A. A. Austin, Attorney Hubert T. Delaney, Attorney Allan L. Dingle, Dr. George E. Haynes, William M. Kelley, John E. Nail and the Rev. A. Clayton Powell; medical members—Drs. Walter Gray Crump, May E. Chinn, Rudolph Fisher, Leo Fitz Nearon, Godfrey Nurse, Oma H. Price, E. P. Roberts, Frank M. White and J. C. Copeland.

Dr. Anna C. Johnson is the attending dental consultant. It is hoped that the hospital will soon be approved for internship.

Pensacola, Fla. News
Thursday, January 29, 1931

Rosenwald Fund Is Slapped By Negroes

New York, Jan. 29.—(AP)—The Julius Rosenwald fund, through which schools for negroes have been opened in many southern states in recent years, was severely criticized last night at a meeting of the Manhattan Medical society, composed of negro physicians.

In an open letter directed to Edwin R. Embree, president of the Rosenwald fund, it was declared that "the Rosenwald hospitals are Jim Crow in spirit and Jim Crow in fact."

Dr. B. C. H. Harvey, dean for medical students in the University of Chicago, was also criticized in the letter, and his removal was asked on the ground that he had said "internships for colored students would only be served in colored hospitals or hospitals with many colored patients."

Jewish Chronicle
Newark, N. J.

FEB 27 1931

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An interesting situation has arisen in connection with the Julius Rosenwald Fund and its attitude toward the Negro question which I present. A proposed plan to establish a Negro hospital in the Harlem district in New York brought about a spirited protest by thirty prominent Negro physicians to the president of the Rosenwald Fund, saying that the Rosenwald hospitals are Jim Crow in spirit and Jim Crow in fact.

A criticism was also made that the Julius Rosenwald Fund had "stimulated and advanced tremendously the separation of the Negro race from all other races," and added that the dean of the medical faculty of the University of Chicago had asserted that internships for Negro students could be served only in Negro hospitals or in general hospitals with many Negro patients.

* * *

If that is the attitude taken by this group of Negro physicians they certainly have a right to express themselves as forcefully as they please. But where, to my mind, they opened themselves to at least the criticism of bad taste and the injecting of an issue that seems to me to be quite beyond the question, is in this statement:

You did not mention, Mr. Embree (president of the Rosenwald Fund) that Mr. Rosenwald has not, as far as we know, advocated the segregation of Jewish students at the University of Chicago and the sending of Jewish students to Jewish hospitals for their clinical clerkships and interneships.

I fail to see the slightest warrant for this impertinent question addressed to a man who has shown himself to be far beyond and above all racial prejudice. The protestants should fight their battle without going out of

One of the most interesting developments in the Negro world is the hostility of the Manhattan Medical Society of New York to the Rosenwald Fund. The Negro doctors accuse the president of the Fund, Edwin R. Embree, of throwing the power of his organization behind a policy of segregating Negroes in the colored hospitals of the North.

Says the report of the executive committee of the Manhattan Medical Society

Oakland Post

"From the study of the 1930 Julius Rosenwald Fund report we find that the Julius Rosenwald Fund has a national hospital program for Negroes that we disapprove of thoroughly.——All methods and movements that are practiced by the Julius Rosenwald Fund fix for Negroes a definite status less than that of an American citizen. Set-ups are arranged for him that are different from those employed by other racial groups in America."

2-21-31

This is wholesome criticism. Mr. Rosenwald has done much to promote Negro education in the South. But one is compelled to ask if it is the right sort of education. Certainly the thousand or more schools his money has aided to construct have not eliminated lynching, nor have they prevented an increase in friction, lately marked, incident to the competition for jobs.

Cleveland Ohio

The Negro may also inquire what opportunities Mr. Rosenwald gives to young colored men and women to win advancement in the vast business organization which he has so successfully led. Is Mr. Rosenwald a real friend of the colored man or is he an unusually clever advertiser whose affection for the Negro is on a par with the interest of a kindlier master of pre-Civil War days in his favorite slaves? The Manhattan Medical Society has started something. How will the Rosenwald organization meet the charges?

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The Negro may also inquire what opportunities Mr. Rosenwald gives to young colored men and women to win advancement in the vast business organization which he has so successfully led. Is Mr. Rosenwald a real friend of the colored man or is he an unusually clever advertiser whose affection for the Negro is on a par with the interest of a kindlier master of pre-Civil War days in his favorite slaves? The Manhattan Medical Society has started something. How will the Rosenwald organization meet the charges?

* * *

If that is the attitude taken by this group of Negro physicians they certainly have a right to express themselves as forcefully as they please. But where, to my mind, they opened themselves to at least the criticism of bad taste and the injecting of an i[illegible] that seems to me to be quite beyond the question, is in this statement:

You did not mention, Mr. Embree (president of the Rosenwald Fund) that Mr. Rosenwald has not, as far as we know, advocated the segregation of Jewish students at the University of Chicago and the sending of Jewish students to Jewish hospitals for their clinical clerkships and interneships.

I fail to see the slightest warrant for this impertinent question addressed to a man who has shown himself to be far beyond and above all racial prejudice. The protestants should fight their battle without going out of their way to drag in questions which are extraneous to the issue in an attempt to embarrass one who has been the greatest benefactor the Negroes hav had in recent times.

Hospitals - 1931

New York

DR. WRIGHT HITS ROSENWALD FUND ON J.C. HOSPITALS

Baltimore, Md

Nurses, Patients, Doctors Need No Separate Institutions.

30 DOCTORS SIGN

N.Y. Association's 12-Page Letter is Bitter.

NEW YORK.—An open letter condemning the alleged efforts of the Rosenwald Fund to establish jim-crow hospitals in the North was drafted by Dr. Louis T. Wright and signed by thirty members of the Manhattan Medical Association this week.

The twelve-page type-written letter addressed to Edwin R. Embree, white, president of the Fund, declares that the proposed Rosenwald Hospitals are jim-crow in spirit and in fact.

The document was adopted unanimously by the association after a long session in which some speakers alleged that it was too tame.

The letter accuses the Rosenwald Fund of "advancing tremendously the separation of the Negro from all other races" especially in health and education, in the effort to fix for the Negro citizens a definite status less than that of an American citizen.

The letter asserted that there was no personal resentment against Mr Embree and that the Rosenwald Fund was not accused of insincerity, but that its program was harmful for the Negro as a race, and that Mr. Embree, being a Southerner, could not be qualified to be fair to the Negro.

The letter also took Dr. B. C. Harvey, dean of the medical faculty of the University of Chicago, severely to task, demanding his removal for his reported assertion that internships for Negro students could be served only in Negro hospitals or general hospitals with many Negro patients.

Remove Harvey

"We should say," the letter continued, "that Dr. Harvey should be removed at once as dean of medical students. He is un-American in his sentiments, attitude and written word. Such a man should not hold a position in the teaching of medicine, which is one of the humanities.

"At this point we should like to interject that Mr. Rosenwald is a trustee of Chicago University and it seems pertinent to inquire if he thus endorsed the segregation of Negro doctors in the medical school of this university. Such a segregation is wrong.

"The Negro doctor needs simple justice, no more, no less. He has no peculiar needs and therefore requires no special or unique arrangements such as Chicago University plans in the new Provident Hospital, supported in part by Mr. Rosenwald.

No Jewish Segregation

"You did not mention, Mr. Embree that Mr. Rosenwald has not, as far as we know, advocated the segregation of Jewish students at the University of Chicago and the sending of Jewish students to Jewish hospitals for their clinical clerkships and interneships.

Servility

("We maintain that a 'Jim-Crow' set-up per se produces a sense of servility, suppresses inspiration, and creates artificial and dishonest standards. We submit also that the Julius Rosenwald Fund has contributed in no small way to this unsatisfactory state of affairs. Colored medical students going to the same school as medical students of any other racial group have rated in their school work on the average as the equal of any other medical mind, and on the State Board examinations they average the same as members of any other racial group. We reiterate that what the Negro doctor needs is simple justice—no more, no less. He has no peculiar needs and therefore requires no special or unique arrangements. In proof of this we would submit the names of men like Solomon C. Fuller, William A. Hinton, Julius E. Lewis and Edward E. Just. None of these men are a product of a 'Jim-Crow' set-up.)

Doctors for All

"The Negro doctor trained as you propose, Mr. Embree, would be a physician to minister to the needs of all mankind irrespective of color, but he would be trained and taught that he is a Negro doctor—one who can treat only Negroes. It is this that has undermined the confidence of the colored and the white citizen in the Negro physician, irrespective of his ability or qualifications.

Free Doctors and Patients

"We object also to having the destiny of the Negro physician and the health of 12,000,000 colored people left in the hands of the Julius Rosenwald Fund. We view your program with grave concern and we believe that unless it is defeated the Negro doctor will occupy an inferior status. We feel that the Negro patient should have the free and unrestricted use of established hospitals and the Negro doctors should have equal opportunity for training in these institutions.

Cites Dr. Moton's Case

"We would like to point out a fact relative to the so-called Negro hospital that is of interest and illustrates the lack of confidence on the part of white and colored citizens generally. A few weeks ago, Dr. Robert Russa Moton, president of Tuskegee Institute, where he has established a hospital, traveled over a thousand miles from his colored hospital to a Northern city to be operated upon, not by a Negro but by a white surgeon.

"This, Mr. Embree, is a daily occurence as regards colored people. Now, why is it that if these colored hospitals are the equal of all other hospitals, do the men who contribute most to the formation and maintenance of these institutions fear to go therein to have their diseases treated? How can you or Dr. Moton expect Negroes to have confidence in Negro hospitals under such circumstances?

"You know and we know that they are not up to the standard, because if they were, intelligent Negroes and even intelligent whites, for that matter, would not hesitate to go to them for medical service in serious cases.

The Negro's Best Friend

"Now, Mr. Embree, since you have essayed to speak as one well qualified and authoritatively as regards the needs of the Negro doctor, it is pertinent to inquire at this juncture into your qualifications. We learned upon inquiry that you are a Southerner. We submit that this fact alone renders you incompetent to pass dispassionate judgment upon such a grave social question. You state that the Southern white man is the Negro's 'best friend.' Yes, he is the Negro's 'best friend' so long as the Negro is willing to accept the status of inferiority.

Better Slow Progress

"We submit in conclusion that it is infinitely better for the Negro doctor to struggle, study, work, sacrifice, and advance slowly but soundly without philanthropic aid that emasculates and prostitutes his mind rather than have him stumbling along the scientifically unsafe and apparently peaceful blind alley into which you are leading him."

THE GUARDIAN SAYS "AMEN"

Guardian

We publish with approval and commendation the following editorial from that great Colored American newspaper, The Afro-American, on the stand of the Manhattan Medical Society against the proposed Rosenwald Fund Jim-Crow hospital. We take this opportunity to aver that the stand of and reply by Dr. Louis Wright, Harvard educated, is one of the greatest strokes for our race in recent years. Here is the editorial:—

The open letter of the Manhattan Medical Association to President Embree of the Rosenwald Fund denying the need of separate hospitals for Negroes in the North is ethically unanswerable. 2-14-31

No one, least of all Mr. Rosenwald, whose friendship is real, can afford to take the stand that hospitals and medical schools should be closed or opened to doctors, nurses, and patients because they are Colored.

The contention of Dr. Louis Wright, who drafted the letter, is professionally sound. What America needs is not Colored doctors or white doctors but doctors for humanity.

Disease has no color line; why should medical training or medical treatment have one?

Boston,

Dr. Wright and the Manhattan Medical Association are also on fair ground morally. Color segregation is indefensible. No man can hatefully shut another out and yet claim he is his brother's keeper.

Equality is sharing the identical thing, not setting up something "just as good."

Dr. Wright was born in Georgia, but there is little of his native state in the open letter to the president of the Rosenwald Fund.

JIM CROW PROPAGANDA IN HARLEM

Harlem has announced definitely that it wants no Jim Crow hospital. The view expressed is that if they accept a separate hospital they will next get separate schools. They feel in Harlem that the separation has gone far enough already. They have separate churches and they live in separate residential communities, to a large extent. They can see no reason why they should be further marked out from the rest of humanity as a degrading element, the very presence of which is obnoxious and contaminating. They have said definitely, in Harlem, so far shall this segregation go and no farther. A Jim Crow hospital is out.

The strange part about this affair is that the Jim Crow hospital propaganda is attributed to two definite sources—certain intellectual Negroes in Harlem, and certain people in Washington who are interested in Negro doctors. The New Yorkers maintain that the benefits derived by a few professional men from the establishment of a separate hospital will not compensate the race for its further loss of the rights of citizenship. They say, also, that many of the so-called Negro aristocracy of Harlem are frequently received socially by groups of people of Caucasian stock who suggest further separation of the Negro from other races. On this point they give an illustration of a Negro doctor who is working hard for the separate hospital. His wife, they say, sings in the choir of one of New York's most fashionable white churches. The doctor and his wife are received socially by the church folk. Why, then, say the ordinary Harlemites, should he wish to see the masses separated in the hospitals? 2-13-31 Washington, D.C.

The common folks of Harlem do not get the separate hospital idea. They have said No to the Negro aristocracy of the big city; and to Washington they send the following message: "If you want segregation in Washington, that's your business; keep it there. Don't bring it up to New York City!"

GROUND FOR FINE NEW NURSES HOME BROKEN BY MAYOR

Courier 11-7-31

Pittsburgh Pa.

physicians and serviced by colored nurses.

NEW YORK, Nov. 5.—(ANP)— Hundreds watched the exercises as Mayor James L. Walker was the the mayor spoke, paying tribute to principal speaker Wednesday at ex- Harlem's citizens.
ercises celebrating the breaking "It seems impossible for me to visit
ground for the Woman's Pavilion and Harlem without spending money,"
Nurses' Home of Harlem Hospital. the genial mayor said. "Is it because
Harlem Hospital, which is located on you are so graceful and persuasive
136th street, between Lenox and Fif or is it because I become soft and
avenues, is maintained by New Y easy when I come up here, that each
City and while not a segre; visit costs me around $150,000?"
stitution, is staffed chiefly by

The last time the mayor was in

Harlem it was to dedicate a new and modern jail for the district.

Mayor Walker paid tribute to Dr. Louis T. Wright, secretary of the Harlem Hospital Medical Board, referring to Wright's controversy with the Rosenwald Fund some months ago by saying Dr. Wright had 'vindicated" the Negro race in the medical field. He predicted that Negro nurses "will teach to the entire world another lesson in toleration and appreciation of human beings." The mayor was wildly applauded as he finished and flung the firsts hovel full of dirt.

Other seakers for the occasion were Dr. J. C. William Green, commissioner of Hospitals; Borough President Samuel Levy, Dr. John F. Connors, president of the hospital medical board, and Dr. Wright.

Dr. Wright extolled the Democratic city administration for permitting Harlem "to share alike with the other parts of the city in public improvements."

Hospitals-1931

New York.

Medico Says Race Should Offer Concrete Results Of Own Ability

East Tennessee News

1-22-31

NEWARK, N. J.—Much publicity has been given to the report of a recent meeting in New York, at which a proposition presented by a representative of the Rosenwald Foundation was unceremoniously and perhaps discourteously rejected.

While the New York doctors, of a particular medical organization, may have been convinced, by some specious argument, that they did not favor the proposition, yet, it does appear, from all newspaper reports, both daily and weekly, that the rejection was made in a most discourteous and professionally unbecoming way. Practically all of the newspapers laid stress on the fact that there was a blatant, braying communication from a Negro political leader, and this communication, from a layman, who happens to be a lawyer and politician, seems to have been all powerful inactuating medical men in what is fit and proper for their own best good; and this communication, with its high sounding, demigogic, braggadocia, lends incontrovertible support to the contention that the recent unpleasant situation at Harlem Hospital, was entirely political in its genesis and growth.

It is a pretty big thing for anyone to declare that all of the resources and power of the great city of New York would be brought to bear to crush and annihilate any such great and humanitarian project; and the size of this boast is a million times multiplied when it is made by a Negro. It would indicate, that in comparison with this man, both Atlas and Goliah are puny, undernourished, diseased infants.

Kentucky Jenn

The published communication stated that those at the meeting, plus the political dictator, objected to a Negro hospital in Harlem. It is rather peculiar how Negroes like to deceive and jolly themselves at times. It would be fine for these anti-segregationists to publish the proportion of white an dNegro patients treated at Harlem Hospital. It is charged that segregation of Negro patients at the Women's Hospital and in at least one ward at Bellevue, a city institution, is now in effect.

The prnicple involved in segregation is a very fine one, but it is doubtful if very many of the opponents of the proposition are actually living out their antagonism to segregation. As a matter of fact, every single one of them lives in adp promotes segregation every day.

The Negro physicians should fight unceasingly for his full rights in civic institutions, but the time is here when the Negro, himself, must offer some concrete results of his own ability. There have been and there will always be evidence of exceptional individual proficiency; the great mass of Negro physicians, however, need a sympathetic atmosphere in which to develop their fullest possibilities. Backed by a record of group achievement which cannot be explained on the ground of "an exceptional person" we can then more successfully storm the citadel of prejudice and take and hold our deserved places in all institutions.

The Negro medical man is suffering from the lack of hospital opportunities and if he waits until the great principle of segregation is settled fairly and squarely to get his opportunity, he will be so far behind medical progress that no one will recognize him as a medical man.

Even if Harlem Hospital is an eighty per cent black and tan institution, it does not begin to afford the opportunities necessary to one-half of the Negro medical men in Harlem; and it certainly does not, even remotely, aproach the problem for proper hospitalization for 250,000 Negroes, many of whom, daily, pay for hospital service in other than city hospitals.

For the past five y rs, the National Medical Association and the National Hospital Association have labored unceasingly and bent all of their energies to help in the proper solution of the all important question of hospital and clinical opportunities for Negro physicians, internes and nurses, and have succeeded remarkably well in the effort.

Evidence of the solid progress is had in the awakening of interest in all circles, white and colored, in this problem. and the improvement in hospital opportunities is shown in the Negro personnel at the Veteran's Bureau Hospital in Tuskegee and constructive developments in Chicago, Illinois; Raleigh, North Carolina; Greensboro, North Carolina; Savannah, Georgia; Baltimore, Maryland; New Orleans, Louisiana; Knoxville, Tennessee, Philadelphia, Pennsylvania. These efforts have changed the entire outlook for professional development for 4,000 Negro physicians, and the greatest force responsible for this welcome change, is the Julius Rosenwald Fund.

It, therefore, becomes necessary to state certain facts and the relation of the National Medical Association to the recently rejected development in Harlem. The Negro medical profession and the Negro public are entitled to know them.

1. The proposition, as thus far developed, concerned only the fundamental consideration, as it invited the cooperation of Negro medical groups and men to lend support and assistance for a survey of the hospital—clinical and health factors of Harlem—to determine their assets and liabilities.

2. The Harlem Hospital adequately meets the needs of the indigent poor therefore, this movement was directed to helping the people not wishing charity to find adequate hospital service at a modest price and thus maintain their self-respect.

3. This hospital program would include not only an adequate plant for the hospitalization of semi-private and pay patients, but also opportunities for postgraduate work. In addition to this, the institution would be a great health center, within which would develop and from which would emanate health work and health programs for mitigating and minimizing community morbidity and mortality.

4. There are three existing institutions in Harlem, financed and supported by Negro physicians seeking to fill the need. In these institutions, last year, more than 500 persons paid an average of $5.00 per day for the privilege of having their own private physician attend them. Philanthropic support would have enabled these institutions to have rendered this service more adequately; indeed, the consolidation and assistance of these institutions was a possible outcome of this effort.

5. Today, the physicians benefiting by experience gained in Harlem Hospital, have now no place where the patients in their private practice can get the benefit of this experience, except in these three inadequately equipped, struggling institutions.

6. The National Medical Association, through its constituent member, The North Harlem Medical Society, has heartily endorsed and offered every assistance to the proposal.

7. The Manhattan Medical Society, the organization which so vehemently refused cooperation, is not affiliated with the National Medical Association, and consists, almost entirely, of Negro members of the staff of Harlem Hospital, or those who hope to be members of this staff. Narrow and demigogic Negro leadership in partnership with self-seeking politicians, has served to set the Harlem Hospital against the organized Negro Medical profession; demoralized the medical profession of Harlem and, by their political exploitations held them up to ridicule by the entire public.

In order to be a member of the staff of Harlem Hospital, resignation from the North Harlem Medical Society, a constituent member of the National Medical Association, and affiliation with the Manhattan Medical Society, are compulsory.

At the present time, therefore, it is not possible to be a member of the National Medical Association and the staff of the Harlem Hospital at the same time.

8. To state that there is no need in New York City for such a hospital, and to infer that the City of New York can and will take care of every sick Negro in New York, is to show an abysmal ignorance of the very fundamentals of hospital philosophy, which depends adequate care for every sick person at at price within his means.

The City of New York makes no provision, and rightly so, for hospital service to members of any race who are able to pay.

The hospital proposition, for Negroes, is one of the gravest and most acute that Negroes have to contend with, and every Negro physician and every well informed layman, should give his earnest attention and undivided support to the solution of this great problem. We are unable and unwilling, very largely, as Negroes, to solve this problem for ourselves; and if it is going to be solved, we have got to consider the humanitarian and Negro professional development phases of it and accept the assistance of those who are able to solve it.

Dr. Peter Marshall Murray, President-Elect of the National Medical Association, in an address before the Congres on Medical Education, Medical Licensure and Hospitals, of the American Medical Association in Chicago, February 1930, proposed what has been widely accepted by responsible officials of the American Medical Association, American Hospital Association and other interested organizations and individuals, as a logical, reasonable and workable solution of the Negro Hospital Problem:

1. The removal of restrictions against Negro physicials as staff members in public hospitals.

2. The establishment of or development of model hospital units in key centers of Negro population in this country.

In cities with concentration of Negroes, the solution of this problem, as it affects the Negro who is able to pay for his hospital care and who deserved the right to choose his own

physician, and as it affects the whole problem of continued education thru full staff opportunities and post-graduate opportunities under sympathetic and competent auspices, seems to lie for the present in the establishment or development of model hospital units to serve this particular need.

Dr. Edwin R. Embree, President of the Rosenwald Fund, in an address at the recent dedication of new buildings at Mercy Hospital, said, "unless one is ready to sacrifice the education of the Negro Medical profession, he must favor the building up of, at least, a reasonable number of hospitals where Negroes may have the best facilities for caring for their patients and may keep in touch with modern medical practice.

A completely equipped hospital of about 150 beds, in Harlem, with private and semi-private accomodations at a price within the reach of people with moderate incomes, measuring up to each standardized requirement, serving an ambulance district ,with a staff of men of both races, open to white and colored alike, is imperatively needed to meet the local Harlem situation.

Manhattan Medical Society Takes Issue With Rosenwald Fund Head On Speech Made In Philadelphia

Criticizes Attitude of Fund With Regard to Affiliation of Provident Hospital, Chicago, With University of Chicago

Physicians, composing the Manhattan Medical Society, have again put themselves on record as opposing the proposed hospital survey in Harlem by the Rosenwald Fund for the purpose of establishing a so called Negro hospital in this community, which proposal has been endorsed by another medical group, the North Harlem Medical Association.

This second expression of their attitude was called forth by the report of a speech made by Edwin R. Embree, president of the Julius Rosenwald Fund, Chicago, on the occasion of the dedication of a new nurses' home at the Mercy Hospital, Philadelphia, in which Mr. Embree was quoted as saying:

"A few men in a northern city have recently criticised the Julius Rosenwald Fund on the ground that we are advocating segregated hospitalization for Negroes, but we do not advocate segregation of any group; but we are keenly aware of the need for training and experience for physicians and nurses."

The executive committee of the Manhattan Society has issued a lengthy statement in which it takes decided issue with the position attributed to the Rosenwald Fund, and makes a definite criticism of the recent action taken in Chicago to bring about an affiliation of the Provident Hospital, a Negro institution, with the University of Chicago, by means of which Negro medical students at the university may serve their internship at the Provident Hospital and thus "save the University of Chicago embarrasment and relieve it of responsibility as regards the colored student and interne."

Are Denied Simple Justice

Dissatisfaction is shown with the Rosenwald Fund national hospital program for Negroes, which would justify the acceptance of socalled Negro hospitals in northern cities. "It is unsatisfactory," the statement says, "because the Negro college graduate and professional man is denied simple justice. They have been blinded by charity. All methods that are practiced by the Julius Rosenwald Fund fix for the Negro citizens a definite status less than that of an American citizen.

"Set-ups are arranged for him that are different from those employed by other racial groups in America. This we submit is wrong. The Negro citizen, for his own advancement and progress along professional lines, needs no separate institutions. What the Negro physician needs is equal opportunity for training and practice—no more, no less."

Replying specifically to the Philadelphia speech made by Mr. Embree, the statement continues: "As far as the public knowledge is concerned, the activity of the Julius Rosenwald Fund has been essentially to establish and to aid in the establishment of Negro institutions and hospitals. You deny segregation theoretically, but in fact the Julius Rosenwald Fund has stimulated and advanced tremendously the separation of the Negro race from all other races. We further feel that in the North the Julius Rosenwald Fund has stimulated the segregation of the Negro particularly with respect to health and education."

As evidence of this, the statement quotes from an article by Dr. B. C. Harvey, dean of medical students at the University of Chicago, published in the Journal of the National Medical Association, in which Dr. Harvey cites the need of medical care for sick Negroes and more sanitary education of Negores. Discussing the Negro students at the unversity, of whom there were fourteen in 1928, Dr. Harvey wrote:

A Lack Of Facilities

"These few colored students should be trained as well as possible for there will be a great need for their services as colored doctors. But the facilities are lacking. We have long been able to carry them through the first two pre-clinical years without difficulty. But difficulties that are almost insuperable appear at once when they begin the work of the third year and the difficulties continue through the fourth and fifth, or interned year.

It is not practicable to assign colored students to clerkships in white hospitals in a routine way. We have tried it in the Billings Hospital in a small experimental way with one or two tactful students. It can be done perhape to a small extent, but it creates an embarrassing situation and cannot be a real solution of the problem. Internships for colored students can be served only in colored hospitals or general hospitals with man colored patients."

The Manhattan Society denies that the Negro medical student becomes a problem after his pre-clinical years, and declares that whenever this is true it is due to a definite inclination part of the properly constituted authorit for such to exist and to a lack of courage and firmness in demanding and giving to the colored student simple justice and equality of opportunity.

"After all," it says, "when a colored man enters a university he becomes a ward of that university and as long as he maintains the educational and moral standards prescribed by the institution he is entitled to all of the opportunities for development given to all of the other wards. In failing to assure him justice after accepting him the university is akin to the sheriff who tacitly turns his Negro prisoner over to the mob for the exercise of lynch law. In not accepting Negro students an institution brands itself as un-American and lacking in the fundamental concept of its creed."

Harvey Should Be Removed

The opinion is expressed that Dr. Harvey should be removed from his position as dean at the university, characterizing him as "un-American in his sentiments, attitude and written word. Such a man should not hold a position in the teaching of medicine, which is one of the humanities."

A citation is made from the Rosenwald Fund report for 1930, which states that under an arrangement with the Provident Hospital, the University of Chicago had agreed to use the hospital "for the teaching of Negro medical students for 'refresher courses' for Negro doctors and for training of internes and nurses."

And then the comment was made in the same report that "of even more significance is the fact that now for the first time a great American university has taken direct responsibility for the education of the Negro undergraduate and postgraduate medical student and for the conduct of the Negro teaching hospital."

Attention is called by the Manhattan Society to the fact that Mr. Rosenwald is a trustee of Chicago University and the question is asked if he thus endorsed the segregation of Negro doctors in the medical school of this university. "Such segregation is wrong," declares the statement, "it is an admission of the fact that the University of Chicago is not a great American university for if it were great in the true sense of the word, there would be no occasion for any separate arrangement for the Negro undergraduate or post-graduate medical student."

Violation Of Citizenship

Continuing the declaration is made: "The formation of Negro hospitals in Negro communities by persons other than Negroes is in violation of the fundamental rights of citizenship that is guaranteed by the Constitution of the United States . . . . The issues are much larger than those of hospital facilities alone. Your hospital program represents a further step which would justify the denial on the part of the properly constituted authorities of our inalienable rights as citizens. If there are to be hospitals in the North exclusively for Negroes, then such hospitals must be established, maintained and directed by Negroes . . . . As to Negro hospitals of any character in the South, that is a matter which we will not discuss here."

Concluding, the statement says: We do not charge the Rosenwald Fund with insincerity, but we do charge the Fund with establishing and attempting to maintain a health program and a hospital program that contravenes the Constitution of the United States, bows its head low before race prejudice, and offers a minimum of health protection to the American people."

Hospitals-1931

North Carolina

Wilmington, N. C. News Dispatch
Wednesday, February 25, 1931

NEGRO HOSPITAL MOVE LAUNCHED

Prominent Colored Residents Confer With Board Of Trade Unit

Seven prominent Wilmington negroes were in conference at the city hall this afternoon with a committee from the Board of Trade and Industry over the possibility of founding, with the aid of the Duke and Rosenwald hospital foundations, a new negro hospital in this city.

Meeting with the group was Dr. John H. Hamilton, city-county health officer.

The Board of Trade and Industry undertook to sponsor the movement when it became known that the Duke and Rosenwald foundations would provide the major portion of the $60,000 necessary if local negroes found it possible to secure a site and a small portion of the fund.

The possibility of securing a site at the negro school tract in the vicinity of Thirteenth and Ann streets came up for discussion as the meeting opened at 3 o'clock.

The trade board committee was composed of James E. L. Wade, chairman, A. Spurgeon Baxley, Aaron Goldberg, and Emmett H. Bellamy, president of the industrial organization.

The negroes attending were: the Rev. J. J. Howze, Dr. M. N. Leary, the Rev. W. H. Moore, Dr. F. W. Avant, E. M. Butler, Dr. Foster Burnett, and G. D. Carnes.

It was the concensus of those present that negro hospital facilities in Wilmington are at present inadequate, and Dr. Burnett declared that negroes have been recently refused admittance at local hospitals.

CHARLOTTE, N. C
OBSERVER

MAR 11 1931

JANE WILKES' MONUMENT.

THE Bulletin published by the North Carolina State Board of Health some weeks ago paramounted three modern hospitals built and maintained exclusively for colored people, at Greensboro, Durham and Raleigh. The singular omission of the Good Samaritan Hospital, at Charlotte, the first hospital, not only for negroes in North Carolina, but the first to be built exclusively for use of negroes in the United States, caught the eye of an alert friend of the hospital here, who provided the March number of The Bulletin with a bit of entertaining history. The Good Samaritan Hospital building was commenced in 1888 and provided at first for 16 beds, but its facilities were enlarged to 50 beds. It is a general hospital. Still later, with the aid of local funds, supplemented by the Duke Foundation and the Rosenwald Fund, a considerable addition has been made to the hospital, bringing it up to a capacity of sixty-five beds.

While the Episcopal Church is given the credit for the organization of the Good Samaritan Hospital, and it was and is a church institution, though, of course, open to any and all, the hospital movement was begun by Mrs Jane Renwick Wilkes, wife of Mr. John Wilkes and the whole weight of raising funds, overcoming what was then the prejudice against such efforts for the colored people, devolved on her, and was carried to success by her and her name is now so accredited in Charlotte both in the church circles and at large.

The first official report of the Good Samaritan Hospital was issued in 1892. In this report the statement is made that the necessity for such an institution was felt in 1882, and the movement really dated from that time. The first contribution in cash was received from a church in South Port, Connecticut, in December, 1882. The raising of funds at that time was a slow process. The officials of the church in 1883 used a part of the fund collected for completion of a mission church for negroes in Charlotte. According to the official report, this was done because of the influence it would have in the future work of raising funds for the hospital. The lot for the hospital was bought in 1886, and in 1888 the corner-stone was laid and the actual work of building the hospital was commenced. The building was not completed sufficiently to admit patients until 1891. The hospital was therefore opened to patients in September of that year, nearly ten years after the date of the first organized effort for the institution.

It is submitted that the two high spots in the hospital's existence have been caring for forty-six injured people in 1906, when the Seaboard Air Line Railway had a wrecked excursion, and again in 1911, when a similar wreck put eighty-one patients inside the hospital, all of whom had been without food for fifteen hours, and sixty-two of whom were seriously hurt. And this was done without seriously interferring with the regular inmates."

The Observer might mention that when the hospital was undertaken, the colored folks left the matter of its financing mainly to their white friends, but as the condition of the local population improved they developed admirable capacity as fund-raisers. The last campaign for money was largely led by Henry Warren, who, with Thad Tate, stands high in the estimation of the white people of the city, and it was through Warren's energetic activity that the money was raised largely among the colored population, though the white citizenship of the town had reason to know that he did not overlook that chance. he Good Samaritan Hospital has been long recognized by the people of Charlotte as a monument to the great heart of Jane Wilkes, and it is a monument shining with ncreased glory as the years pass by.

Greensboro, N. C. News
Tuesday, June 23, 1931

Recommends Negro Hospital For Training of Internes

Dr. S. P. Sebastian, superintendent of L. Richardson Memorial hospital, has received a report made by Dr. O. N. Anderson, of the American Medical association, containing a recommendation to the association that the negro hospital be granted approval to train negro internes.

Dr. Anderson's report points out that the staff is composed of white and negro physicians, who work well together, that the number of autopsies is 13 per cent of the institutional deaths, that the establishment of a hospital medical library is under way, and that a definite improvement has been made in the records.

The negro institution, located at 1400 East Washington street, has been accorded a grade A hospital rating by the American College of Surgeons.

HOSPITAL GIVEN HIGHEST RATING POSSIBLE BY A C S

Richardson Memorial Granted Full Approval

GREENSBORO, N. C.—For the first time since its establishment in 1927, L. Richardson Memorial Hospital, has been awarded the full approval of the American College of Surgeons for the year 1931, the highest rating hospitals can achieve under this body.

In a letter to Dr. S. P. Sebastian staff secretary and medical director of the hospital, Dr. Franklin H. Martin, director-general of the A. C. S. writes as follows:

"We have pleasure in informing you that your hospital has been awarded full approval for the year 1931.

"Approval is given from year to year to the hospitals that fully comply with the requirements as laid down in the minimum standard.

"We hope the management and medical staff of your hospital will continue to maintain high standards of service in the care of the patient."

The hospital is fully approved for interne training, and now has two internes on its staff.

Dr. C. C. Hudson, chief of staff, pointed out Wednesday that the high rating which has been awarded the hospital is due in a large measure to the excellent assistance of the large staff; also to the co-operation of the city and county in maintaining their charity patients.

Debt Reduced

The co-operation of the city and the county has enabled the hospital to reduce to the comparatively small sum of $6,000 an outstanding indebtedness of $23,000, Dr. Hudson said. The Duke Foundation provides the sum of $1 per day toward the maintenance of charity patients.

The hospital has just completed the installation of a new X-ray equipment which cost approximately $6,000, including the trade-in value of old apparatus.

About $900 worth of new laboratory equipment has arrived and is soon to be put into use.

New equipment for the autopsy room has been ordered and is expected here soon. The hospital is investing about $125 in new equipment for this room.

Build Up Library

Through the purchase of some new books and the contributions of physicians and others, the hospital is building up its library, Dr. Hudson said.

The sum of $7,500 has just been raised for the betterment of the hospital's physical equipment. Of this amount, $3,000 was given by the Duke Foundation and $4,500 was donated by the Richardson family through L. Richardson.

Hospitals-1931

North Carolina.

HOSPITAL FACILITIES IN NORTH CAROLINA, 1929

The following table, based on the 1929 Report of the Duke Foundation Hospital Section, ranks the counties according to inhabitants per general hospital bed. The table also shows the number of general hospital beds, the number of beds in all hospitals including general, tuberculosis sanatoria and special hospitals, and inhabitants per bed of all hospitals. The table does not include nervous and mental hospitals, institutional infirmaries and federal government hospitals. News Letter 3-25-31

Macon county ranks first with one general hospital bed for every 114 inhabitants, Fifty-eight counties have one or more general hospitals, while one county has a special hospital only. Forty-one counties have no hospital facilities within their borders. Twenty-four of these are solid groups of northwestern and southeastern counties. Vol. XVII, no. 9.

North Carolina had 5,438 general hospital beds, averaged 1.7 general hospital beds per 1,000 inhabitants, and ranked 45th at the end of 1929. Total beds all hospitals, state and private including state tubercular and orthopedic, 7,766, or 2.5 beds per 1,000 inhabitants. Chapel Hill, N.C.

Department of Rural Social-Economics, University of North Carolina

Rank	County	General hospitals		Total general, tuberculosis and special hospitals*	
		Total beds	Inhabs. per bed	Total beds	Inhabs. per bed
1	Macon	120	114	133	103
2	New Hanover	213	200	285	150
3	Durham	317	210	337	198
4	Avery	49	240	—	—
5	Cumberland	182	246	191	235
6	Lee	67	252	—	—
7	Vance	99	275	113	241
8	Buncombe	336	289	1,259	77
9	Stanly	103	292	—	—
10	Nash	178	295	—	—
11	Mecklenburg	408	311	625	203
12	Henderson	73	319	97	240
13	Wake	295	319	—	—
14	Iredell	145	320	—	—
15	Forsyth	337	329	412	269
16	Guilford	392	333	513	257
17	Carteret	50	337	—	—
18	Polk	30	339	144	71
19	Transylvania	28	342	—	—
20	Wilson	116	385	—	—
21	Lenoir	90	395	—	—
22	Richmond	81	419	—	—
23	Jackson	40	435	—	—
24	Beaufort	76	460	—	—
25	Burke	62	484	—	—
26	Halifax	109	487	129	411
27	Lincoln	45	504	—	—
28	McDowell	40	510	—	—
29	Pasquotank	35	546	—	—
30	Gaston	136	569	—	—
31	Granville	49	585	—	—
32	Haywood	45	626	—	—
33	Rutherford	63	639	—	—
34	Robeson	102	651	—	—
35	Rowan	85	656	—	—
36	Union	61	669	—	—
37	Wayne	78	678	—	—
38	Surry	56	707	—	—
39	Moore	39	715	106	263
40	Anson	40	739	—	—
41	Edgecombe	61	781	83	674
42	Caldwell	28	944	—	—
42	Harnett	40	944	—	—
44	Alamance	44	952	—	—
45	Mitchell	14	992	—	—
46	Craven	30	1,042	—	—
47	Cleveland	49	1,058	—	—
48	Johnston	52	1,085	—	—
49	Catawba	39	1,122	64	683
50	Wilkes	32	1,128	—	—
51	Watauga	12	1,260	—	—
52	Madison	14	1,450	—	—
53	Rockingham	35	1,454	—	—
54	Cabarrus	30	1,466	—	—
55	Randolph	24	1,520	—	—
56	Davidson	30	1,612	—	—
57	Pitt	26	2,086	—	—
58	Ashe	8	2,627	—	—
59	Alleghany	—	—	22	327

The following counties have no hospital facilities of any kind:

In western North Carolina: Cherokee, Graham, Swain, Clay, Yancey, Alexander, Yadkin, Davie, Stokes.

In central North Carolina: Montgomery, Chatham, Orange, Caswell, Person, Scotland, Hoke, Franklin, Warren.

In northeastern North Carolina: Northampton, Hertford, Gates, Bertie, Martin, Washington, Chowan, Perquimans, Camden, Currituck, Tyrrell, Dare, Hyde, Pamlico, Greene.

In southeastern North Carolina: Brunswick, Columbus, Bladen, Pender, Sampson, Duplin, Jones, Onslow.

The sadly deficient areas are the northeastern and southeastern corners of the state.

* For counties that have other than general hospitals.

Hospitals - 1931

North Carolina

Negro Hospital Is Given Duke Funds

Three thousand dollars has been given to the L. Richardson Memorial Hospital for negroes, at Greensboro, by the Duke Endowment, according to Dr. W. S. Rankin, director of the hospital and orphan section of the endowment. The gift was conditioned upon the hospital raising $4,000, and Lunsford Richardson, of Greensboro, gave $4,500, making a total of $7,500. The money will be used to buy additional equipment.

Hospitals—1931

Pennsylvania

EMBREE SAYS NEGRO PHYSICIANS NEED HOSPITALS EVEN IF JIM CROW

Speaker Dedicating New Building Of Mercy Hospital Defends Segregated Institution

PHILADELPHIA —(ANP)— Frank consideration to the alleged segregation aspects of the hospital projects sponsored by the Rosenwald Fund, was given in an address delivered here Tuesday by Edwin R. Embree, president of the Rosenwald Fund, as a part of a dedication program for new buildings at Mercy Hospital.

Mr. Embree emphasized the need not only of increased hospitalization as a measure toward the improvement of the health of the Negro, but also as providing the opportunities for Negro doctors to obtain experience which is now limited to a shocking extent. The Rosenwald president explained:

"Mercy Hospital is one of the all too few hospitals which combine the care of the sick with the training of Negro nurses and doctors. There are less than a dozen really first-class hospitals which give opportunities for Negro physicians to get experience under good modern conditions, or even to bring their own patients for care and treatment.

"The American Medical Association approves fourteen hospital for the training of Negro internes. The American College of Surgeons includes on its approved list seventeen Negro hospitals as meeting minimum standards. Only ten hospitals appear on both lists, and may thus be regarded as generally satisfactory. Even of these two or three are so small and ill-equipped that they are approved only by a very sympathetic interpretation of minimum standards.

"Thus, for twelve million Negroes in America there are, under the most liberal rating, only ten hospitals of standards approved by the national professional associations for the practice and useful experience of Negro physicians. This is a shocking situation.

Refers To Criticsm

"A few men in a Northern city have recently criticized the Julius Rosenwald Fund on the ground that we were advocating segregated hospitalization for Negroes. We do not advocate segregation of any racial group. But we are keenly aware of the need for training and experience for physicians and nurses.

"Unless one is ready to sacrifice the education of the Negro medical profession, he must favor the building up of at least a reasonable number of hopsitals where Negro physicians may have the best facilities for caring for their patients and may keep in touch with modern medical knowledge and practice.

Mr. Embree re-enforces his position by pointing out the experience of Jewish doctors and of women who sought advancement in the profession.

"Of course, he continued, there are many hospitals that admit and care for Negro patients. General hospitals in the North usally admit members of any race. In the South the public hospitals and many private institutions have special wards or pavilions for Negroes. But in these general hospitals, whether South or North, the professional staff is almost exclusively white.

"The result is that Negro physicians, except for the pitifully small number of institutions I have mentioned, cannot get the practice and experience which they must have if they are to

ROSENWALD DOES NOT FAVOR SEGREGATION

Rosenwald Fund President declares Segregation Not Fostered in Rosenwald Donation to Negro Hospitals.

Gives Negro Doctors Opportunity and Privileges Impossible in Other Hospitals.

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"Provident Hospital in Chicago and the Flint-Goodrich Memorial Hospital in New Orleans are not planned so that the Negro doctor will be placed under the white doctor, but so that the colored medical man may have the opportunity to exhibit leading representatives of the group which has made the great est advances in the profession and has had the greater experience.

"It is important, also, that Negra physicians be in active association with the best of their white colleagues. This does not mean the submerging o fthe Negro doctors to the white profession. If anything, it is an exploitation of the white doctors for the benefit of the colored. It is sound common sense for a group which has not et the advance knowledge and the extensive experience to keep in close association with a group which has had these advantages. All education consists in learning from those who know more and have had wider experience. Fortunately, it is usually the very best of the white physicians who are willing to give time and attention to trying to help their Negro associates come to full wisdom and rich experience in medicine. The informal association of Mercy Hospital with the Phipps Clinic and other white medical groups in Philadelphia is a most valuable asset."

Disease knows no color line, according to Mr. Embree, and, if the general health of the nation is to be improved, it must begin by reducing the ratio of statistics of disease and death among the Negro population.

HEAD OF ROSENWALD FUND SAYS NEGRO HOSPITALS AID DOCTORS

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Jews, Women, Have Problem

The same problem has been faced and met by other groups. For example, there are special Jewish hospitals. Jews are and always have been admitted freely to almost all hospitals throughout the country. But Jewish physicians and internes found great difficulty in getting posts in general hospitals. It was chiefly to provide opportunities for the professional group that Jewish hospitals have been established in such great numbers in this and other countries.

"The same consideration affects another special group — women. Of course, hospitals admit women patients. In fact, the care of women and children forms the best plea for money for any hospital, and these services tend even to be over-emphasized. But it was very difficult for women internes and for women doctors to get posts in general hospitals, even those that catered largely to the women and children. For this reason and for this reason alone, the women's hospitals have been organized."

"Provident hospital in Chicago and the Flint-Goodrich Memorial hospital in New Orleans are not planned so that the Negro doctor will be placed under the white doctor, but so that the colored medical man may have the opportunity to exploit leading representatives of the group which has made the greatest advances in the profession and has had the greater experience.

Association Valuable

"It is important, also, that Negro physicians be in active association with the best of their white colleagues. This does not mean the submerging of the Negro doctors to the white profession. If anything, it is an exploitation of the white doctors for the benefit of the colored. It is sound common sense for a group, which has not yet the advanced knowledge and the extensive experience, to keep in close association with a group which has had these advantages. All education consists in learning from those who know more and have had wider experience. Fortunately, it is usually the very best of the white physicians who are willing to give time and attention to trying to help their Negro associates come to full wisdom and rich experience in medicine. The informal association of Mercy hospital with the Phipps clinic and other white medical groups in Philadelphia is a most valuable asset."

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Races Interdependent

"In all aspects of health and disease, the dependence of races upon one another is clear and striking. Disease cannot easily be segregated. The germs of typhoid and measles and tuberculosis will not obey Jim Crow laws. No community can maintain health with one great group harboring contagious disease.

"This interdependence is beginning to be recognized, to the benefit of both races. But we are only at the beginning. Health conditions among Negroes are today much as no civilized country can afford to permit. For example, New Orleans reports an annual Negro mortality of thirty per thousand, equal to the deplorable records of Bombay and Calcutta. The Negro death rate for the country as a whole is sixty-two per cent above the death rate of the whites—that for tuberculosis is three times that for whites—in Tennessee the death rate for Negro children of elementary school age is ten times that of white children. Municipal hospitals of New York City, and the successful campaign of this year for important Negro teaching hospitals in Chicago and New Orleans. Another generation may show as great progress in the health of this race as the past 35 years has in public health generally. Certainly, we do not expect much further progress in general health until disease in this great group of the population is brought under control.

"Among the improved facilities for medical care and for professional education and practice, Mercy hospital has held an honorable place since its establishment in 1907. This beautiful new nurses home is a valuable addition to its physical plant. In dedicating this new building, the doctors and nurses of the staff, and the advisers and supporters of both races, today re-dedicate themselves to the great scientific, educational, and humanitarian purposes of Mercy hospital.

Hospitals—1931

South Carolina.

Furnish Radio For Hospital

Patients at the Greenville County Tuberculosis hospital are now equipped to enjoy entertainment afforded by radio programs, an extensive line of radio equipment having been recently installed at the hospital, according to Dr. S. E. Lee, superintendent.

The equipment, which is the gift of some interested party whose identity could not be learned today, consists of a loud speaker in the amusement hall and more than 70 headphones attached to the beds of the adult patients, it was said. Head phones will not be used in the children's ward, which will probably be opened sometime in the near future, though loudspeakers are installed in this ward.

At present around 50 patients, including several colored persons, are in the hospital.

OUTLINES NEEDS STATE HOSPITAL

Doctor Williams Goes Before Committee.

TELLS OF CROWDING

Superintendent Requests Eighty-one Cents Per Patient Per Day.

Requesting appropriations for maintenance of 81 cents per day per patient, Dr. C. Fred Williams, superintendent of the South Carolina State hospital appeared before the ways and means committee yesterday and told of conditions at that institution.

Insanity, he said, is somewhat on the increase, strain and worry due to financial stress and pellagra, resulting from poverty, taking their mental toll of the population.

Doctor Williams requested that $959,768.31 be appropriated for maintenance in 1931, saying that the appropriation for 1930, including no amount for permanent improvements, total $1,020,285. Of this amount, on account of drop in prices and the plendid farm yields, $53,412 was unspent and remains in the state treasury, reducing the actual appropriation for 1930 to $966.872.55.

The requests for 1931 are less by $7,104 over the previous year, though 76 more patients will be cared for Doctor Williams said.

A request for $150,000 for permanent improvements was made by the superintendent. All buildings are overcrowded, he said the population being 3,202; the total capacity of the institution is 3,215. "All the buildings are overcrowded and there is but little more space in which beds can be placed," he said. "Unless additional rooms can be provided or the demand for admission can in some way be lesened . . . the doors will have to be closed and patients admitted only as beds become vacant by reason of death or discharge. Should this come about, many of our people, women as well as men, will have to be cared for in jails. One can hardly conceive of a more deplorable condition than for one with mental sickness to be confined in the jail. They are not criminals," Doctor Williams declared.

The $150,000 is to be used to construct a building at State Park for housing Negro women inmates and a building in Columbia for white women.

Doctor Williams was asked various questions by members of the committee who seemed deply impressed with his brief remarks.

H. T. Patterson, secretary-treasurer of the board, and Christie Benet, member of the board of regents, were with Doctor Williams when the requests were presented to the committee.

The committee will later act on the requests.

Hospital For State Seems Certain; Not Included In 2 Million Program

Reports last night from Washington that South Carolina would be practically assured of a Veteran's Hospital under a recommendation to be made by General Hines were partially confirmed in a telephone conversation Howard Anthony had with Watson B. Miller, chairman of the National Rehabilitation Committee of World War eterans.

Announcement that the South will probably be given three hospitals instead of the $2,000,000 National Soldiers Home was followed shortly by announcement that General Hines will recommend in the next hospital construction bill allow a sufficient amount to be included for the erection of a hospital in South Carolina. He would not state what amount would be needed for the erection of the hospital in this state.

Veteran's Administrator Hines stated in the press dispatch that instead of the Soldier's Home the money will be puto into construction of additional barracks and facilities at Tuskeegee and with additional money will probably add to hospitals in Florida and Mississippi.

Mr. Miller stated late last night that he had heard nothing of the proposal to use the $2,000,000 already in hand for adding to the facilities of the negro hospital at Tuskeegee and hospitals in Florida and Mississippi, but indicated that the hospital for South Carolina is very probable within the next few weeks.

A complete survey will have to be made before the size of the hospital in this state can be determined. In the event a hospital is granted for South Carolina and possibilities are very bright last night, it was learned that the building and equipment to be placed in this state will serve as a nucleus for further development of hospital facilities in this state.

Charleston, S. C., Evening Post
Thursday, February 26, 1931

PINEHAVEN'S RECORD IN '30

120 Patients Treated at Charleston Tuberculosis Camp

That the number of patient-days at Pinehaven, the camp of the Charleston County Tuberculosis association, for the year 1930 was over 10,000 greater than in 1925 when Pinehaven was first opened is one of the facts brought out in the report of Dr. G. McF. Mood as president of the Charleston County Tuberculosis association to the Charleston county delegation in urging the delegation to provide $19,150 for the year 1931.

The report shows that there were 16,727 patient-days at Pinehaven in 1930 as against 6,607 in 1925. Of the total for last year, 9,676 were white patient-days and 7,051, colored patient-days.

The figures have steadily increased through the six years of operation of the infirmary, the number of patient days in 1926 being 11,294; 1927, 12,333; 1928, 14,689; 1929, 16,335 and 1930, 16,727, the report bringing out that as the maximum of accommodation is approached the ratio of increase naturally grew smaller, but also stating that there was a waiting list for three of the four wards during the entire year, and that 120 patients, 73 white and 47 colored were cared for at Pinehaven during the year. "The number of colored patients could have been doubled but was limited by the capacity of the sanatorium which provides twenty beds for them."

Discharged Patients

"Discharged Pinehaven patients for the year 1930 are to be found in the ranks of school children, college students, physicians, sanatorium directors, accountants, druggists, business men, laborers, housekeepers and trained nurses," says the report, going on to declare that "these occupations show that the majority of people discharged were in the productive period of life; 63 were less than 45 years of age, and five of this number were under 14 years."

Although the plant at Pinehaven has limitations "no apologies need be made for the care and treatment given the patients. The routine includes the accepted scientific methods prescribed," says the report.

The $19,150 asked by the association for 1931 is the maintenance amount allowed since its opening and "any decrease would jeopardize the sum of $12,000 to $13,000 expected from the Duke Foundation, as this gift stipulates that it shall not be used to decrease the obligations of the taxpayers," says the report.

Bringing out that the operating expenditures for the past year were $39,359.12 and the income $41,211.52, or an amount leaving a slight balance, the report states that "the accrued savings of several years amount to a net sum of approximately $10,000. The association practiced the economy which netted this saving in the hope of using the money for a nurses' home. With the knowledge that the expected check from the Duke Foundation will be the last aid from this source all thought of building has been abandoned and the association is glad to be in position to state that because of this balance, it does not face a crisis, provided the legislative assistance asked is given and the revenues from other sources are not materially decreased."

The annual meeting of the Charleston County Tuberculosis association is scheduled for Thursday afternoon at the Francis Marion.

Greenville, S. C., Enterprise
February 27, 1931

Money Of Duke Becomes Available

(The State

A gift of $75,000 from the Duke Endowment, news of which was received in Columbia yesterday, assures an expansion program at Columbia hospital of $275,000, including additional accommodations for white patients and a building for Negroes.

The Duke gift is available immediately—as of December 1—and J. B. Urquhart, who has been named architect, will proceed with his plans, which must be submitted to the Duke trustees for approval. It is expected that the Rosenwald fund will make a special contribution toward the Negro unit, which will built partly from funds received from Duke, partly from the hospital's reserve fund and with all that might come from the Rosenwald donation.

It is planned to add from 50 to 75 beds for whites, all in room accommodations, as this type is most needed for the white clientele. For the Negroes, however, the 50 to 75 beds which will be provided will be partly in ward space and partly in rooms. The white addition will be added to the present building, while the Negro beds will be in a new building, which will be erected nearby.

The hospital has a reserve fund of $100,000 to be used for building. In addition there is the gift from Duke, and the expected help from the Rosenwald fund.

VETERANS' HOSPITAL

Palmetto Leader 5-16-31

We have refrained from saying anything about the choosing of Columbia as the site of the proposed Veterans' Hospital for South Carolina awaiting developments as pertain to the Negro minority. After it was decided to invest $1,300,000 in a Veterans' Hospital for South Carolina some of our White folk became so humane and solicitous about the welfare of Colored Veterans that they wanted a separate appropriation of a half million dollars made for the poor Negro veteran. Wasn't that a humane wish, one million three hundred thousand for white, and a half million for Colored all out of the coffers of our Common Uncle Sam, D-C.

Quite a jolt was given to this act of kindliness and consideration on the part of our would be benefactors when on the occasion of his visit to Columbia to inspect possible sites General Hines, Director of the Veterans' Bureau made it known that accomodations for all of South Carolina's soldiers, regardless of color, are contemplated in the Hospital grant to South Carolina. General Hines is reported as having said: "In this hospital we will have a ward for Negro Veterans, as they are entitled to the same care, because they did the same amount of ducking that the rest of us did in the trenches."

Since this is admitted we may well hope and petition that in the manning of this hospital the Negro physician and nurse may be included, as well as the Negro cook, laundress, orderly or what-not.

Bishop's Messenger
Thursday, 1931

VETERANS HOSPITAL COMING

Colonial Architecture — To Be About 400 Feet To Highway

ABOUT YEAR TO FINISH

All South Carolina is interested in the veterans hospital no matter what the location is. In time any disappointment as to location will be healed over and South Carolina will have a great institution. The State of Tuesday carried the following concerning the hospital:

South Carolina's veteran hospital to be located four and one half miles from Columbia, will be or brick and stone construction in the colonial and Georgian style; architectural plans will be completed by September 1; bids will be received six weeks later and work will commence shortly afterwards. The unit will require about one year for construction.

The central group of buildings, five in number, will be placed about 400 feet from the Garner's Ferry road and in the middle of the plot; a row of 11 residences will be built westward to the group.

J. E. Miller, architect from the construction division of the veterans' bureau, arrived in Columbia Monday to take pictures of the location for the hospital and to study the topography.

The group of buildings will be so located as to allow for additional buildings to be added to the rear.

The general hospital is planned to care for 300 patients together with housing facilities for the necessary personnel and service buildings. The main hospital building will contain approximately 150 beds in addition to the regional offices. All clinical activities will be carried on in the building. A second building is designed for 75 white patients and a third designed for 75 Negro patients will be placed to the east (toward Sumter) of the main building. To the rear of the main building and in the center of the hospital group will be located a dining hall, above which will be placed quarters for attendants. A recreational building completes the main group.

To the rear of this central group of buildings, according to present plans will be located the garage, storehouse, heating plant and other service buildings.

The residences for officers and the nurses' quarters will be built west (toward Columbia) of the central group.

The entire ensemble will cover a site of about 400 to 1,000 feet to the south of Garners' Ferry road and extending from about the center of the tract to a point near the western boundary. This location is believed to be the most favorable of any point on the site.

Easy access between all the five buildings comprising the central group will be had by means of connecting corridors which will be inclosed so as to be useful during bad weather.

There will be no provisions for housing clerks or officials of the regional office, it is understood.

Ten of the houses for hospital officers will be built for two families and the medical director will have a residence alone. All the residences will be handsome.

"The government always likes to suit the architecture of buildings to the history of the location," Mr. Miller said yesterday. "We believe that colonial structures will be most pleasing."

Yesterday afternoon Mr. Miller inspected the site for the hospital in company with William Lykes, secretary of the chamber of commerce, and members of the hospital committee as well as W. S. Tomlinson, city engineer, and L. A. Emmerson, engineer. Today he will meet again with the hospital committee. He will probably leave for Washington this afternoon

South Carolina Negroes Are Demanding Proper Hospital Facilities

Courier
Pittsburgh, Pa
12-26-31

COLUMBIA, S. C., Dec. 24--(ANP)—Delivering an ultimatum to the county hospital board, a mass meeting of 400 colored citizens at Allen University Sunday expressed themselves as "unalterably opposed" to the plans for the erection of a proposed Negro hospital here, requesting the hospital board to take no further steps in the matter insofar as the colored population is concerned if it was planned to erect the hospital under the conditions which the board had prescribed.

The meeting went on record as being opposed to the erection of the hospital as an annex upon the grounds of and connected with the present white institution; as being opposed to the location, which was near a group of railroad tracks; demanded that a real hospital should be established, looking forward to a program of expansion for the next twenty-five years; pointed out that provisions should be given for the training of colored nurses, the same as are now provided for white, and that the institution should be operated by colored people, with Negro physicians having free and unrestricted access to its facilities. Under the plan as presented by the board this would not be possible.

A few years ago Richland county, in which Columbia is located, passed a bond issue of $300,000 to provide hospital facilities for the two races. Colored voters were sought to pass the measure upon the promise that adequate facilities would be provided for colored people. It frequently happens that Negroes exercise the privilege of voting on bond issues in southern communities even where they do not vote in general elections. The colored voters supported the bond issue.

The announcement made by the Richland county board of their proposed plan to establish the hospital upon the Columbia hospital grounds was the signal for the mass meeting. In the resolutions which a committee was empowered to present to the board the declaration was made that the philanthropic foundations of the North which had expressed a willingness to contribute toward the establishment of the hospital would be asked to withhold their support. On the committee are D. H. Sims, president of Allen University; J. C. Anderson, W. H. Harvey, J. B. Lewis, N. J. Frederick, T. M. Boykin, T. L. Duckett, R. S. Lawrence and J. P. Reeder.

Prof. H. [illegible] Baumgardner served as secretary.

Hospitals-1931

KNOXVILLE, TENN
JOURNAL

MAR 19 1931

Knoxville, Tenn., Journal
Thursday, March 19, 1931

The Negro Hospital.

In time of financial stress, retrenchment is not a matter of debate.

When the income dwindles, the scale of living must be simplified. Whether in behalf of private or public financial affairs, economic necessity must be squarely met.

The queston is not one of discouragement, but of commonsense facing of a situation which may be sooner relieved when judiciously handled and courageously faced, with candor and good faith put into our acceptance of it.

The question is not as to the necessity of cutting down expenses, but as to what among the various expenditures of normal times may be with least damage to life and progress dropped until prosperity is restored to us.

In answering this question, a city takes the same view of its financial problem that the family does.

There are certain expenditures that may be stopped by way of temporary relief. There are others that affect life and health and spirit in a way that may never be restored.

For these reasons, the cutting of salaries seems wise as the first means of relief from temporary embarrassment. Such hardship as this entails may be met with courage, since its help to the situation is immediate, and the distress so caused at least well distributed and the endurance of it but for a time.

Delay in building a hospital like that planned for the Negroes is a very different and far more disastrous thing.

The Negroes of Knoxville are an integral part of the city's welfare and prosperity.

Good health and education in the matter of physical well being, among the class of worthy citizens that they are more and more growing to be, is as essential to Knoxville, as a whole, as to the Negroes themselves.

The plan, too, is practically financed, if the people of Knoxville will consent to forego a baseball park for the present so that the money for that may match the $25,000 pledged by the Negroes, and the $50,000 so raised be again matched, this time by the $50,000 promised by the Rosenwald fund when the first condition is complied with.

With the financing of the project so well accounted for, and one half of it, as it happens, a gift from the outside, there seems little reason for debate.

The hospital will meet a pressing need. Delay, in such a case, means detriment to human health and welfare.

Other things may wait on better times, but delay in such help as this will bring means neglect and damage that may not be repaired.

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Tennessee

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The statement was made that this fund had been cut out of the budget in order to reduce the tax rate. It was further brought out that $25,000 had been appropriated for the construction of baseball stands at Caswell Park. The writer is of the opinion, and I think a large majority of the tax-paying public will agree, that it will be bad business judgment to build baseball stands at a cost of $25,000 with no baseball club to use the park and pass up a $100,000 project that is essential to the welfare of the negro race.

This fund can be transferred from the baseball to the hospital without increasing the tax rate, as it is to be furnished out of the permanent bond issue of $200,000 sold a few days ago, interest on which is now included in the tax rate.

The negroes of this city are fast becoming better citizens and more and more are paying taxes and deserve more consideration than they have received in the past. A small amount of help and encouragement from the white citizens and city council will be an inducement to them to better their living conditions.

The negro has been segregated from the whites in schools, churches, street cars, railroad trains, etc. Why not give him his own hospital where he can train doctors and nurses of his own race. By doing this a great step will have been taken toward the advancement of these people, which all tends to better citizenship.

Aside from the aid this institution will be to the negroes of this city and county, it would be bad policy to pass up an essential project costing $100,000, $50,000 of which is outside capital, in favor of a non-essential project costing $25,000. Council is very proud of their unemployment relief program, and justly so. Will they, in face of continued unemployment and business depression, lose this outside money and spend $25,000 or $100,000?

As my duties as Representative in the General Assembly require that I return to Nashville, I trust that the people will take this matter up with the council and endeavor to have this transfer made.

Thanking you in advance for your publication of this letter, I beg to remain Yours truly,

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Knoxville, Tenn., Journal
Sunday, March 29, 1931

Proposed Negro Hospital

Through the efforts of the East Tennessee hospital association and the city of Knoxville, a contribution from the Julius Rosenwald foundation has made it possible for the erection of the first negro hospital building in East Tennessee.

Plans for the hospital have been approved and adopted by the Julius Rosenwald foundation, the Modern Hospital Association, and Dr. Taliaferro Clark, of the United States Public Health service.

BEHIND GENERAL

The new building will be situated directly at the rear of the Knoxville General hospital with the visitors' entrance from Wray street. Plans were drawn by Clem Meyer, Knoxville architect.

The building will consist of three floors and will be 144 feet long, facing on Wray street, and 45 feet deep. It will have 75 beds. The ground floor will have an outpatient department or clinic, an x-ray, emergency and ambulance entrance for the receiving ward, and quarters for negro nurses and internes.

FIRST FLOOR

The first floor will be arranged with an administration department, business office, diet kitchen, utility room, and patients' room with a male ward and a female ward. The second floor will be arranged with a surgical suite, consisting of nurses' workroom, nurses' dressing room, major operating room, minor operating room, obstetric operating room, sterilizing room and a doctors' scrub-up room. Also this floor will be set aside for the use of maternity cases with a diet kitchen and utility room in connection with the rooms of this floor.. The building will be designed in Italian Renaissance style, constructed with concrete frame brick exterior walls, steel hospital type windows with quartz glass to allow sun rays to pentrate into patients' rooms, with terrazo floors in corridors with sanitary base and metal trom, and the entire building will be modern and fireproof in every respect.

Knoxville, Tenn., Journal
Sunday, April 5, 1931

DISCUSS FUNDS FOR HOSPITAL

Plans for raising additional funds for the construction of the proposed negro unit to Knoxville General hospital will be discussed Tuesday at 8 p. m. at the regular meeting of the East Tennessee Hospital Association at the Carnegie library.

Dr. S. M. Clark will preside over the meeting

The hospital association has been sponsoring the drive for a negro hospital for two years The first effort was in 1929 when a financial campaign was launched, resulting in $12,000 being raised in cash and subscriptions.

Later, application was made to the Julius Rosenwald foundation for additional aid. Dr. Taliaferro Clark, representing the association, promised aid amounting to 25 per cent. of the total cost of construction, provided negro physicians, interns and negro nurses were used.

The fund later pledged $50,000 to the city, council has appropriated $25,000 and the Hospital association has pledged another $25,000. Steps will be taken immediately to raise the other $13,000 remaining.

Knoxville, Tenn., Journal
Tuesday, April 7, 1931

Negro Hospital Unit Fund Made Available

Contract for construction of the negro unit at General hospital can be let soon. City Manager Dempster yesterday read to the council welfare committee a letter from Michael M. Davis, medical director for the Julius Rosenwald Fund, saying that $35,000 of the $50,000 donated had been made available. The remaining $15,000 will be paid upon completion of the unit.

COLORED HOSPITAL APPEALS FOR AID

An exceptionally high proportion of charity cases has exhausted the funds of the Maury County Colored Hospital and that worthy institution is in great need of aid. An appeal on behalf of the hospital has been issued by the officials. It follows:

"The Maury County Colored Hospital has had quite a number of patients for the past two months. Most of the patients have been charity patients, which has exhausted all funds available for the hospital.

"This organization is the development of spiritual life and the establishing of Christian activities. Truly no nobler purpose could be possessed by a human being—a desire to help humanity.

"The manager has been pushing the needed repair as funds would allow that the inmates might be cared for properly these hot days. We would greatly appreciate a little donation from the friends of the hospital to help us in this financial struggle.

"WILLIE A. HARLAN, Secretary,
A. J. ARMSTRONG, Manager."

Nashville, Tenn., Banner
Saturday, April 25, 1931

A Hospital for Negroes—Why Not?

The suggestion of leading negro physicians and business men that the well-equipped Hubbard hospital, a unit of the old Meharry Medical College plant, be purchased by the city and converted into a branch of the General Hospital for the care of negroes, is an interesting one.

How practical the idea is remains to be seen, but the proposal that members of their own race be ministered by negro physicians and nurses is in no way unreasonable. Nashville is fortunate in having many negro physicians and surgeons of exceptional skill, chiefly as a result of the splendid work of Meharry college. Nurses have also had careful training. Because of these facts there is every reason to give consideration to the plea that negroes be placed in the hands of their own people, under supervision of the city authorities.

While considering the present and future of the General hospital, it is not untimely to point again to the fact that residents of Davidson county who reside beyond the city limits still have no free general hospital service.

The General hospital is distinctly a city institution, supported by the taxpayers of Nashville. Residents of the county, in distress, are not entitled to ask for free treatment. Splendid private hospitals are ready for those who have the ability to pay, but the matter of expense is often a serious stumbling block.

Davidson county has provided well for its mentally ill. It conducts a modern hospital for tubercular patients. It is high time it should consider the necessity of safeguarding those stricken with disease or injury, where hospitalization is important.

Among the suggestions advanced is one that funds be provided whereby the scope of the General hospital may be enlarged so that it may serve both the city and county. This would necessitate the raising of proper funds by the county and the assumption of its share of responsibility in the enlarging of the present structure and aiding in its administration.

A city and county hospital capable of serving all residents is something greatly to be desired and no doubt would receive the genral support of the medical profession.

Hospitals-1931

Columbia, Tenn. Democrat
Thursday, January 29, 1931

COLORED HOSPITAL MAKES GOOD REPORT

Cost Of Institution $1,302.12 Shown By A. J. Armstrong

In spite of the depressed financial conditions of the past year, the report of the Maury County Colored Hospital is encouraging.

The management has worked faithfully to maintain the institution and are appreciative of all the support they have received.

A J. Armstrong, manager, submits the following report for the year 1930.

Jan. 1st, brought for'd.....	$ 400.10
Mar 31st, col. for 1st Quar	426.37
June 30th col. for 2nd Quar.	258.00
Sept. 30th col. for 3rd Quar.	000.00
Dec. 31st col. for 4th Quar...	437.47
Total col. for year	$1,118.84
Grand total for year.....	$1,518.94

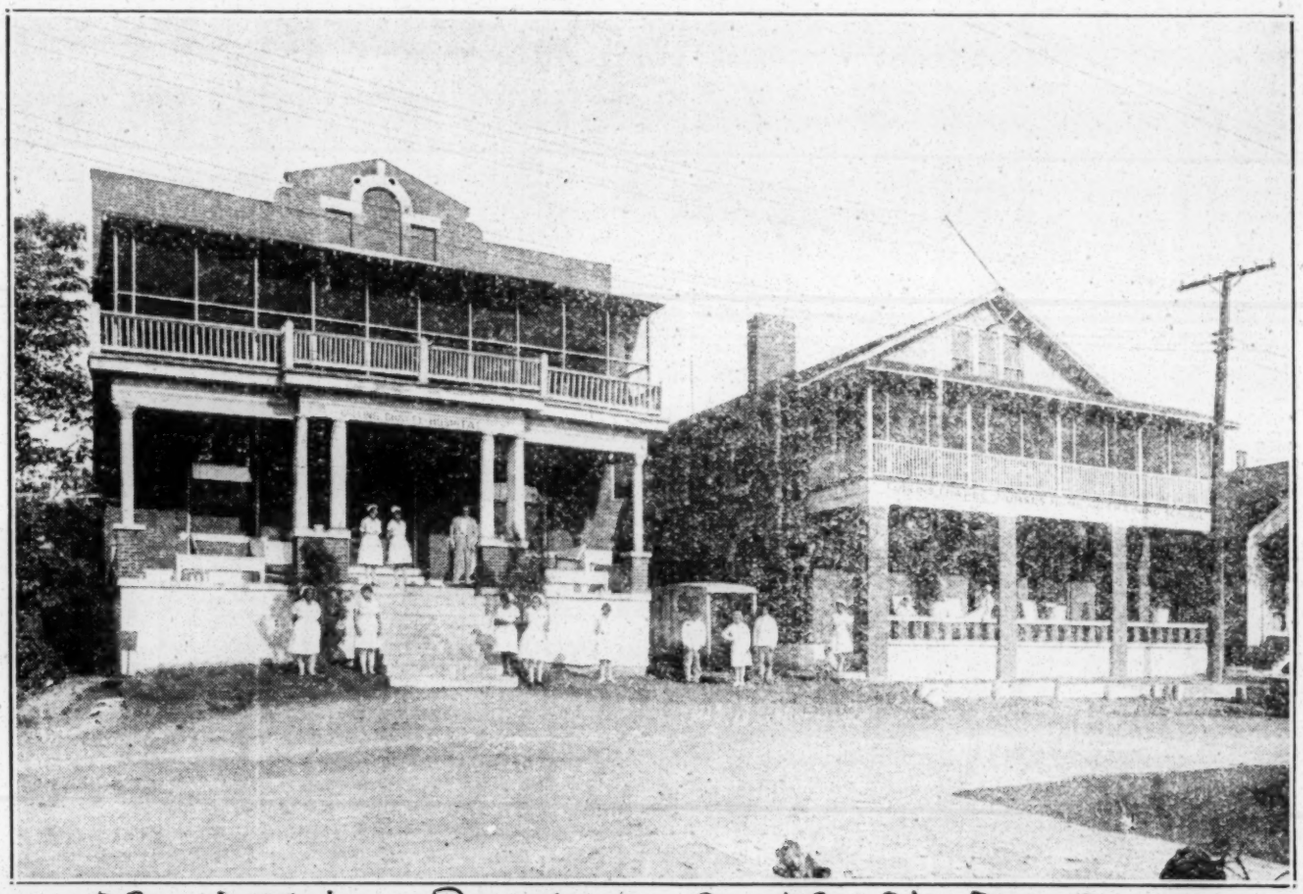
Expenditures For Year

Mar 13, to exp's. 1st Quar	$ 281.00
June 30 to exp's. 3rd Quar	219.09
Dec. 31 to exp's. 4th Quar.....	679.20
To total for year	$1,302.12
To Bal. in treas	216.82
Charity account	$ 400.00

Tennessee

OFFICIAL ORGAN OF THE COLORED METHODIST EPISCOPAL CHURCH

GEO. C. PARKER, EDITOR — JACKSON, TENN., FEB. 19, 1931. VOL. 62, NO. 8 — REV. H. P. PORTER, D. D., PUBLISHING AGENT



Christian Index 2-19-31 Jackson, Tenn.

COLLINS CHAPEL HOSPITAL—MEMPHIS, TENN.

The Conference of 1926 created The Connectional Hospital which is located in Memphis, Tenn. and the 1930 General Conference provided for collections for it's support. This valuable agency of the church turns no human being, white or [illegible], from her doors and only asks for fees where the patient is able to pay them. All Colored [illegible] will find this hospital one of the best for our people in the South. Dr. W. S. Martin is the Superintendent. Your voluntary contribution will be called for in June. At present 18 girls are taking nurse training there and last year 12 passed the Tennessee State Board. Bishop Hamlett is President of the Hospital Board and Dr. E. W. Moseley is the Solicitor.

Knoxville, Tenn., Journal
Sunday, February 22, 1931

HOSPITAL SITE IS CONSIDERED

May Locate Negro Unit On Reservoir Hill.

Utilization of the old city water works Reservoir Hill in East Knoxville is being contemplated by city officials as a location for the negro hospital, City Manager George R. Dempster said yesterday.

The city also is considering a plan to erect the unit near the Knoxville General hospital, and thus use the boiler room of the city hospital.

A representative of the Julius Rosenwald fund, which has promised to participate in cost of erecting a hospital unit for at least $25,000, is expected in Knoxville this week and he will probably be asked to inspect the old water plant.

The Rosenwald foundation specifies that the negro hospital must be for negro patients and operated by a negro staff of doctors, nurses, and internes, although white supervision is permitted.

To Confer Here Regarding Negro Hospital Project

Dr. Tallaferro Clark, representing the Julius Rosenwald foundation, will be in Knoxville Tuesday afternoon for a conference with city officials and officers of the East Tennessee hospital association, regarding a negro hospital unit for Knoxville.

Dr. Clark will meet the welfare committee of city council and Dr. S. M. Clark and Dr. H. M. Green, of the hospital association.

In the meantime, a special meeting of the association has been called for Monday at 8 p. m. in Dr. S. M. Clark's offices, at No. 101 1-2 West Vine avenue, to protest against the suggestion that the negro unit appropriation of $25,000 be eliminated from this year's city budget.

The Rosenwald fund has indicated its willingness to give $25,000 toward the cost of building the hospital. The city is considering the use of the old waterworks in East Knoxville to be remodeled and used for the hospital.

Knoxville Sentinel
1931

NEGRO HOSPITAL PROJECT PUSHED

U. S. Health Representative To Confer Here This Week.

The negro hospital question will be brought to the fore in Knoxville this coming week.

On Tuesday afternoon, Dr. Taliaferro Clark of the United States Public Health Service in Washington confers here on the projected hospital, in answer to a request.

He will be shown several locations, notably the old water works on Reservoir Hill, which the city owns and which has been favored for the building. Dr. Clark is a consultant for the Rosenwald Fund which has promised to help the city build the hospital.

On Monday night the question also will be discussed, but from a different angle, by the East Tennessee Hospital Association, meeting at the office of Dr. S. M. Clark, 101½ West Vine Avenue.

A protest is expected to be made on suggestions that the hospital construction be deferred because of the city's economy program.

Hospitals - 1931

Tennessee

Largest Single Sum

East Tennessee news

County Ever Voted

7-9-31

For Negro Group

Knoxville, Tenn.

Unprecedented action was exhibited by the members of the Knox County Quarterly Court on Monday when $25,000 was voted as the county's share in the proposed hospital unit for Negroes to be established in the city of Knoxville. The action of the 'squires provided the largest appropriation for Negroes of the county at a single time, in its history. The sum will match a similar amount to be raised by the hospital association of which Dr. S. M. Clark is head, to be combined with fifty thousand dollars which the city proposes to spend and fifty thousand additional which has been offered by the Rosenwald Fund. Dr. H. M. Green has been active with Dr. Clark in getting support for the project.

In voting the appropriation, the county court is the first body to take definite action in making possible the sum necessary to assure the Negro hospital unit. City Manager George Dempster has manifested much interest in the movement for many months and has been working heroically to muster sufficient amounts from other sources to match the sum the city council proposes to provide in order to take down the money offered by the Rosenwald Fund. The legislature was requested to order the expenditure of $50,000 from the Knoxville bridge fund toward the building and the bill passed the lower house successfully but was lost along with hundreds of other bills when the senate adjourned last Friday.

The necessary amount pledged by the hospital association is said to be now on hands due to the campaign launched by the association several months ago and when the city council votes their share and the sum offered by the Rosenwald Fund is received, work will start on the unit.

A separate hospital for Knoxville Negroes has been a contention of the racial group and their friends here for many years. The need for an institution where Negro patients might have the attention of their own physicians and nurses has been more evident as other progressive southern cities have established separate Negro hospital units.

Leaders of the Negro racial group were loud in their praise of the members of the court because of the fine recognition accorded in hearing the requests of the representatives for an appropriation and as the court adjourned, the many members were approached on every hand by those who expressed appreciation for their action.

Hospitals-1931

Virginia.

BREACH OF CONTRACT CHARGED

Courier

2-21-31

Bluefield, W. Va., Surgeon Files Suit Charging Sanitarium Failed to Send Him Its Negro Patients After Contract Had Been Signed.

(Special to The Pittsburgh Courier)

KIMBALL, W. Va., Feb. 19—All West Virginia is excited over the suit filed by Attorney Russell H. Ritz, white, of Bluefield, on behalf of Dr. H. Dodford Dismukes against the Bluefield Sanitarium, white, for $150,000, alleging breach of contract, in which the Bluefield Sanitarium had agreed in writing to send their colored patients, mostly accident patients from the coal fields, to the Henrietta Dismukes Hospital here, which was built by Dr. Dismukes at a cost of $75,000. This is the largest suit by a Negro against a white corporation on record in this section.

Dr. Dismukes, who is a Howard graduate and took his interne work at Freedman's, is said to have tried to settle the case by compromise, but after facing a loss of $70,000 due to being double-crossed by the Bluefield Sanitarium failing to live up to its agreement, he sought legal redress. His lawyer is one of the best in the state.

The matter has been kept as quiet as possible, due to Dr. Dismukes dislike of publicity, but the news leaked out when the suit was filed. When asked about the suit, Dr. Dismukes said: "This white hospital corporation—The Bluefield Sanitarium—through one of their members, Dr. W. B. Stevens, came to me of his own accord before I had even planned to build a new hospital. He told me then that he, with his associates, were going to build a new hospital in McDowell county, and that they were going to have all the miners in this locality by contract. And since they did not want the colored people, and, since I had such a large practice among the colored, and they (the colored) wanted to come to me anyway, they would just give me a contract to handle them, provided I would build a hospital suitable according to their wishes, to properly treat and house them.

"Upon the strength of this a modern hospital was built and adequately equipped with every scientific apparatus or equipment needed. They inspected it upon its completion and were loud in their praise of its beauty and completeness. A duly worded and legally binding contract was drawn and signed by the proper parties. They have never lived up to their agreement and finally just deliberately breached in full. It has become the county's gossip, because of the very rank manner in which they have handled me."

Further explaining the case, Dr. Dismukes said: "The understanding was that their new hospital, completed last April, was to have no accommodations for colored except a possible emergency bed, and, that the colored would all be sent to me. They would possibly keep one emergency colored nurse who would be under my supervision, but not a colored nursing staff. Instead, they put in a large number of beds for colored and hired a corps of colored nurses. The agreement was that they were to pay me $3.50 a day for the hospitalization of the colored patients and whenever a patient wanted me to operate I was to be allowed to operate. I did several operations for them for which I got no pay. But when they saw how much they would have to pay me at $3.50 per day, the staff called on me and verbally notified me that they were no longer going to pay that, but were going to pay $2.50 per day. This without changing or even calling for the written contract.

"To encourage me further they said that I would then make more money at $2.50 per day by getting all of them, which they would give me, than I would on the few they were giving me at $3.50 per day, but they also breached this verbal promise."

The colored people of McDowell County, which is famous as one of the richest Negro counties in the country, where colored people enjoy more rights in elective office than in many parts of the North, are watching the case with interest. It is the first time a case has come to court where responsible white people are charged with "double-crossing" a colored man. The fact that the Bluefield Sanitarium signed a contract, then proceeded to ignore it after Dr. Dismukes had invested a fortune in his new hospital, is a point which it will be interesting to see how the courts will decide.

Dr. Dismukes has won a national reputation as a surgeon. He was sent to Pittsburgh last summer to consult with the largest hospitals there, and since then has gone to Johns Hopkins Hospital at Baltimore for consultation. Many white people have been patients at his hospital.

It is rumored there is a great deal of professional jealousy against Dr. Dismukes on the part of some of the white physicians, because in more than one instance he has taken cases of white people who had been pronounced incurable by white physicians and cured them. One case in particular, that of a white woman, is said to have aroused considerable envy.

"You will not find another Negro hospital anywhere in this entire country where whites are as numerous as colored in having operations and treatment performed and done by a Negro surgeon. I am just from my operating room, where I did two very large major operations on prominent white patients. This is an every day occurrence. To date I have done thousands in this county alone, a large part of them being white.

"Ours is the largest privately owned, ultra-modern 50-bed Negro hospital in the world. It is owned and operated by its founder and builder—myself. Besides, we do any and every operation known to modern scientific surgery, from bone transplanting, Caesarian sections, to all the latest plastic surgery. I do it assisted only by my nurses, whom I have trained myself. The records will show that I will average one major operation for every day in the year."

Attorney Ritz confirmed to The Courier that he is counsel for Dr. Dismukes and said he would supply additional information on the suit within a few days.

NEGRO T.B. UNIT MUST REMAIN IN CITY HOME AREA

Removal of Pavilion Would Cost $100,000, Say Municipal Experts.

NEW OBLIGATIONS AT TUBERCULOSIS CENTER

Removal of the Negro tuberculosis pavilion from the city home to Pine Camp, as advocated by the Negro council of the Council of Social Agencies, would cost in the neighborhood of $100,000, and cannot be undertaken this year because of previous committments made by the city regarding Pine Camp, The News Leader learned today.

The department of public welfare has had the plan of establishing Negro tubercular patients in a pavilion of their own at Pine Camp under consideration for several years, and maps showing the location of the proposed Negro pavilion were prepared some years ago. The city now owns a large acreage in connection with Pine Camp that is not at present used.

Other Obligations.

The city's obligations to erect an additional pavilion at Pine Camp to house children and make provision for certain types of tubercular patients will militate against putting the proposal of the Council of Social Agencies in operation this year.

The new building is made necessary by the city's participation in the state-aid tuberculosis fund under which a number of non-resident patients are admitted to Pine Camp on application of the state health department and the state remunerates the city at the rate of $1.00 per day for all of the patients at the camp, both resident and non-resident.

While Richmond is considered most fortunate in being able to take advantage of the state-aid fund, the increased demands that will be made upon the accommodations there will necessitate the construction of an additional building. This will probably cost between $50,000 and $80,000.

Cause of Antipathy.

The Negro council of the council of social agencies at a meeting on Thursday decided to take definite steps to secure the removal of the Negro pavilion from the city home to Pine Camp. It was pointed out at the meeting that the antipathy of Negroes to enter the tuberculosis pavilion and take the treatment at the city home is due largely to the location at the "alms house" and the proximity to a cemetery.

Miss Nora Spencer Hamner, secretary of the Richmond Tuberculosis Association, presented figures showing the greater death rate among Negroes from tuberculosis than among whites. She stated that up until ten years ago nothing whatever was done about the high death rate among Negroes, but that since 1922 the rate had been reduced from 234.8 per 100,000 to 173.7 per 100,000, while the white death rate for the same period was reduced from 86.9 to 62.3.

Rev. J. M. Rollins.

Plans also were discussed for the entertainment here April 7 to 10 of the National Ministers Alliance. About 200 delegates from all over the country are expected to attend the gathering. Mayor Harry Reyner will welcome the delegates on behalf of the city of Newport News and the Rev. Dr. E. T. Wellford, pastor of the First Presbyterian church, will represent Governor John Garland Pollard and welcome the visitors on behalf of the state.

Newport News, Va. Times-Herald
Wednesday, April 8, 1931

Make Plans For More Beds For Negro Patients At Lynchburg's Hospital

On account of crowded conditions at Lynchburg Hospital, which have prevailed for many months, the city administration is preparing plans to enlarge the facilities for the care of Negro patients.

These plans will be presented probably at the city council meeting next Monday although it is not known what recommendations will be made.

So great has been the need for additional beds for Negro patients. City Manager R. W. B. Hart said yesterday that recently many patients had to be turned down for the lack of available space in which to put their beds.

The council has discussed from time to time the needs of the hospital, and once made a tentative appropriation to cover the cost of adding to the present unit. However, the appropriation was lost when the new budget went into effect, the money being absorbed in the latter instrument.

The city manager said that the population of Lynchburg is about three whites to one Negro but white patients have six or seven times the number of beds. Besides that white patients often go eleswhere for medical services.

Plans made last year called for an improvement costing about $40,000.

Newport News, Va. Times-Herald
Tuesday, March 31, 1931

Negro Ministers Endorse Hospital

The Newport News Ministers Alliance, composed of all the colored ministers of Newport News, at their weekly meeting yesterday endorsed the proposed establishment in this vicinity of a Tuberculosos hospital and pledged their full cooperation in the movement. The matter was presented by Rev. J. J. Posey, rector of St. Augustine's Episcopal church, and

Newport News, Va. Herald
Wednesday, April 8, 1931

$4,000 Campaign Is Launched Here For Negro Hospital

The board of directors of the Whittaker Memorial Hospital, colored, has opened its annual campaign for donations. This year the board is asking for $4,000 to carry on the work of the hospital. Letters are being placed in the mail to former contributors asking gifts in the 1931 campaign.

Newport News, Va. Times-Herald
Monday, April 13, 1931

WHITTAKER MEMORIAL HOSPITAL.

The campaign for funds now being waged by the Whittaker Memorial Hospital, colored, merits the support of the entire community. The hospital is virtually a necessity, and its contribution to the health of the community and the welfare of the Negro race has been marked. The colored people have every reason to be proud of the enterprise, and we trust that they not only will be able to continue it, but also to expand it.

Newport News, Va. Press
Wednesday, April 8, 1931

Colored Hospital Opens Campaign

Letters are being mailed by the board of the Whittaker Memorial Hospital, colored institution, to former contributors asking gifts in the 1931 campaign for donations, it was learned last night. The campaign is just beginning. The board is asking $4,000 to carry on its work through the year.

A serious emergency, due to the prevalent business depression, faces the institution, its heads declare. Unless some support is obtained from the public it will be necessary to close the doors of the hospital, it was stated.

Newport News, Va. Herald
Monday, April 27, 1931

$781 Contributed Toward Fund Here For Negro Hospital

The Whittaker Memorial hospital fund, colored, reached the $781 mark at noon today, according to officials of the campaign here to raise $4,000 for the maintenance of the hospital during the coming year.

Contributors to the fund include:

Amount previously received	$ 753.00
Mary Jones	1.00
Maxie Dillard	1.00
Mary Borkins	1.00
Mabel Paige	.50
Mary Walker	1.00
Marie Lassiter	1.00
Marie Hollom	1.00
James Wallace	1.00
Josephine Montague	5.00
Kellie Walker	1.00
Francis Belle—Laura Williams	.50
A. R. Smith	1.00
Floyd R. Scott	1.00
Irene Watkins	1.00
Maggie Marshall	1.00
Walter Carr	1.00
A. E. Drake	5.00
Manuel Apelo, Marie Gleen and Marie Patterson	1.25
John Washington and Elvia Ellis	.75
A. Daniels	1.00
Estelle Randolph	1.00
Total	$ 781.00

NEWPORT NEWS, VA.
TIMES HERALD

APR 13 1931

WHITTAKER MEMORIAL HOSPITAL.

The campaign for funds now being waged by the Whittaker Memorial Hospital, colored, merits the support of the entire community. The hospital is virtually a necessity, and its contribution to the health of the community and the welfare of the Negro race has been marked. The colored people have every reason to be proud of the enterprise, and we trust that they not only will be able to continue it, but also to expand it.

Hospitals-1931

Virginia

FREE CLINIC AT JEFFERSON HIGH

Afro-American

1-24-31

CHARLOTTESVILLE, Va. — The sum of $60,000 for the establishment of a free clinic at the Jefferson High School has been appropriated by Julius Rosenwald, white philanthropist, and the service of Dr. W. B. Jones has been contributed for three months by the United States Public Health Service.

Baltimore Md

The University of Virginia has added twelve nurses, one each month, for the period of a year. Miss Bonnie Armstrong and Mrs. M. K. Morris, are acting at present. One of the large rooms of the school has been converted into a clinical laboratory and the majority of high and junior high students have received blood tests.

The clinic is open every afternoon from 2:30 until 3:30 except on Saturdays and Sundays. For the convenience of those working during the day, the clinic is held on Tuesday evening from 7:30 until 8:30 p.m.

Lynchburg, Va. News

Friday January 23, 1931

Will Succeed Dr. Venable

Dr. J. B. Woodson Appointed Superintendent Of Negro Tuberculosis Sanatorium

Yancey's Garage And Barn Burned 21st

Community Chairmen Of Agricultural Advisory Council To Meet

(Special to The News)

Amherst, Jan. 22—At a meeting of the state board of health held in Richmond Tuesday, Dr. J. Belmont Woodson of Nelson county, state senator from Amherst and Nelson counties, was appointed superintendent and physician to the Piedmont Negro Sanatorium, located near Richmond. Dr. Woodson was appointed to succeed Dr. W. J. Venable who resigned last fall. The appointment is effective as of March 1st, it is understood.

Dr. Woodson was elected as senator from Amherst and Nelson counties without opposition in 1927, his term beginning on the second Wednesday in January, 1928, and lasting for a term of four years.

Garage Destroyed By Fire

Wednesday afternoon about 3:30 o'clock fire, thought to have been started by children playing with matches, totally destroyed a combined barn and garage on the premises of James Yancey, Negro, located on Depot road. The local fire department responded promptly but the fire had already gained considerable headway, and the firemen could do nothing towards saving the burning building. They did, however, succeed in saving the dwelling house and a pile of lumber stacked close by. The burned building was filled with a quantity of feed and on one side was a Ford car. The loss is estimated at about two hundred dollars.

The annual meeting of the community chairmen of the county agricultural advisory council will be held at Amherst Saturday morning, January 24th, in the directors' room of the Farmers Bank of Amherst, beginning at 9:15 o'clock a. m.

The purpose of this meeting is to receive annual reports of the community chairmen as to the accomplishments during the past year, the annual report of the county agent, and to map out the plan of work for the present year.

The following chairmen are expected to attend this meeting: Dr. W. E. Walker, Rowland Lea, E. M. Caldwell, E. L. Parr, J. T. Jennings, J. Harden Massie, A. C. Watts, F. B. Sandidge, J. V. Howell and Herbert Camden.

Mrs. Aubrey E. Strode, chairman of the emergency drought relief committee, has been invited to address the meeting to outline the further plans for Red Cross relief work in the county during the winter.

The community chairmen and committeemen have rendered valuable assistance in conducting surveys and reporting to the Red Cross cases in the county in need of relief. One of the important jobs for the coming season will be furnishing information as to the seeding loans which will be available in the next few days to the farmers of the state.

The Tuberculosis Hospital

Journal and Guide

2-14-31

A CAMPAIGN has been launched, at the instance of the state, to secure $75,000 for the construction of a Tuberculosis Hospital somewhere on the Chesapeake Bay. Norfolk's quota is $15,000, $1,500 of which is asked of our group.

Newport News Va.

The need is apparent. Physicians have pointed out that the death rate from this disease has been cut to one-fourth of what it was 25 years ago, but that in the past three years the death rate has not decreased. This sanitorium, along with other similar institutions in the state, will be used for the treatment of advanced cases which cannot be cared for at the state's institution for the treatment of curable cases. Treating advanced cases of this disease at the home means unnecessary exposure for all the members of the family and is especially dangerous for young people. Then too the routine cannot be followed successfully in the home. The fact that there has been no decrease in the death rate in the past three years means that further progress cannot be made without additional facilities. We believe that the social conscience of this city will see that this forward step is realized.

Our group has special reasons why this project should be supported. In the first place we are the greatest sufferers. Then too, of the 50 beds, 25 will be allocated to our patients and we are asked to raise only the cost of one bed, $1,500. Those in charge of the up-town group are arranging a pageant which we commend to the public for its support, but contributions from churches, other organizations as well as individuals will be needed before our quota is reached.

Shortage Of Facilities In Va. Hospitals For Negroes

Journal and Guide

3-21-31

RICHMOND, Va.—(CNS)—Of a total of 113 hospitals in Virginia with a capacity of 15,740 beds, and 532 cradles, a survey just published by the Virginia State Chamber of Commerce pointed out that less than 15 per cent of the hospital facilities or accommodations were available for Negroes, notwithstanding the fact that they constitute 30 per cent of the population.

Forty-two hospitals reported facilities for Negroes in the eastern part of the state, the report said, although Richmond and Norfolk reported more accommodations than all the rest of the State combined.

Norfolk Va.

Virginia has four hospitals exclusively for Negroes.

NEW $50,000 VA. SCHOOL OF NURSING OPEN

10-23-31

Rosenwald Fund Enables Establishment Of First Institution Of Its Kind In South At Hampton Institute

By GEORGE A. KUYPER

HAMPTON, Va., Oct. 22.—The School of Nursing which opened at Hampton Institute this fall holds a unique position in both educational and medical fields. In all the South there is no other center where Negro girls can receive training that will equip them for health work and nursing in rural communities. Yet the need for constructive health education, especially in country districts, is greater even than this need for bedside nursing.

Rosenwald Fund Aids

Such are the considerations that persuaded the Rosenwald Fund to finance the opening of a nursing school at Hampton institute. It is to be supported by the Fund for the first three years, after which the institute will gradually assume full financial responsibility. Miss Nina D. Gage, who was for many years direction of the Hunan-Yale School of Nursing in China, and recently executive secretary for the National League of Nursing Education in New York City, has been appointed director. The instructors are all members of the college faculty of Hampton institute. The entrance requirements are the same as those of the college. A student must be a full high school graduate, and must have stood in the upper half of her class in scholarship. The courses given under the academic supervision of Hampton institute are correlated with practical training at the Dixie Hospital and in the community. Through affiliation with the Visiting Nurses Association of Hampton, students receive experience in practical community health work that will be invaluable to them later on.

The Rosenwald Fund has appropriated $50,000 for remodeling and equiping Dixie Hospital. When the alterations are completed it will have a capacity of seventy-five beds, and will offer exceptional opportunities to the nurses training there.

ROANOKE, VA.

WORLD NEWS

OCT 19 1931

THE BURRELL MEMORIAL HOSPITAL.

It may be just as well to start a series of articles about the twenty-one organizations participating in our Community Fund with some mention of one that extends its aid to the neediest and most helpless class—the sick among our colored population. The Burrell Memorial Hospital takes pay patients if they can afford it, and during the last year, forty paid their own way. It takes part pay patients of those who can pay part, but not all, and of those 413 were treated. It gave entirely free hospitalization to seventy-one who were unable to pay anything.

A total of 570 individuals received the benefits of this institution. Stated in terms of days' treatment, the record is 972 days paid for, 6,821 days partly paid for, and 1,481 days of free treatment. Treatment was given to 286 children, of whom 230 were free. Seventy emergency cases were treated, but did not remain in the hospital.

The institution has forty-four beds. Thirty-two physicians, among them some of the leading surgeons in the city, give their services. There are four graduate nurses and 15 student nurses. A footnote to the report gives the interesting detail that uncollected bills against any pay patients are not included under the head of charity or free patients.

Under an agreement the city of Roanoke pays the Burrell Memorial Hospital, on a patient day cost basis, not to exceed $3.50 per day, for all city patients admitted on order of the city physician. The hospital provides medical and surgical aid and hospitalization for the colored people of Roanoke. Colored nurses are trained for service among their own race.

The budget of the Community Fund provides for this institution $5,500, while the estimated earnings from the city of Roanoke are placed at $4,700. Estimated receipts from other sources are $12,300. For a total expenditure of $22,500, only $5,500 of which comes from the Community Fund, one of the finest pieces of constructive charity in the community is being administered.